



West Dunbartonshire
Community Health & Care Partnership



**West Dunbartonshire
Community Health & Care Partnership**

Strategic Plan 2011/12



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Acknowledgements:

The CHCP Senior Management Team would like to thank all those staff and colleagues who have worked so hard to deliver high quality services to the communities of West Dunbartonshire throughout the last year, and are committed to continuing to do so together over the coming year.

Please send any feedback on this Strategic Plan to: soumen.sengupta@ggc.scot.nhs.uk

1. INTRODUCTION

West Dunbartonshire Community Health and Care Partnership (CHCP) brings together both NHS Greater Glasgow and Clyde's (NHSGGC) and West Dunbartonshire Council's (WDC) separate responsibilities for community-based health and social care services within a single, integrated structure (while retaining clear individual agency accountability for statutory functions, resources and employment issues). The CHCP came into being on the 1st October 2010, and builds on a strong local track record of joint working between staff and services.

This first integrated Strategic Plan sets out the key actions prioritised for delivery over the course of 2011/12. Its focus reflects the corporate outcomes and financial frameworks of the CHCP's "corporate parents": WDC, as set out within its Joint Planning and Budget Guidance for 2011/12; and NHSGGC, as detailed within its Planning Guidance 2011/12. Likewise its structure – by necessity – is a blend of the distinct formats required by both organisations. Consequently any in-depth consideration of this Plan should be undertaken with an understanding of the content of both those key planning documents. The development of this distinctive Plan (and the performance management system articulated within it) have also been informed by both the evidence-base in relation to the effective partnership delivery arrangements; and (critically) also reflections on the learning from other CH(C)Ps (most notably the findings of the Scottish Government's Study of CHPs published in 2010).

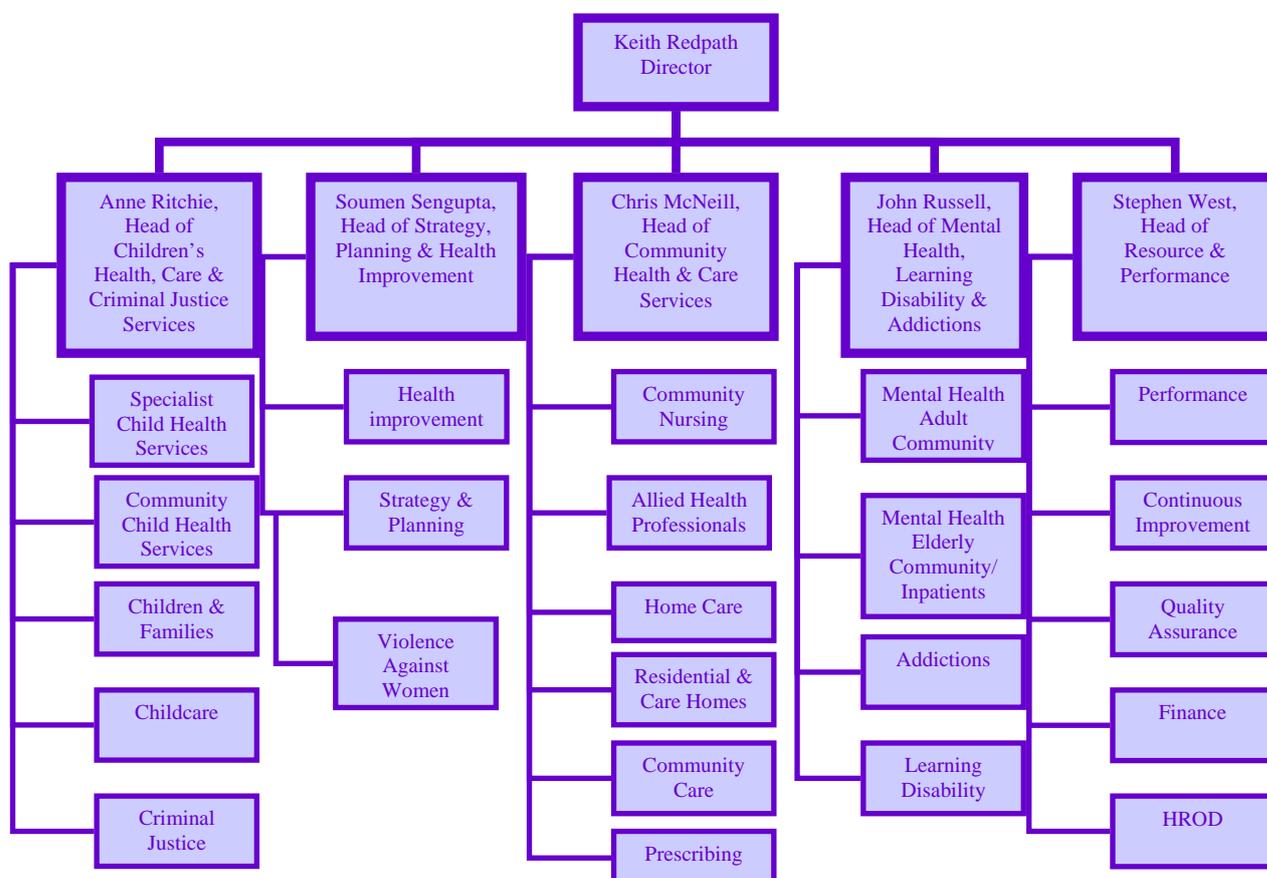
In keeping with the spirit of the participative approach that has locally underpinned the preparation of previous West Dunbartonshire Community Health Partnership Development Plans and the previous Social Work and Health Department Service Plans, this new Strategic Plan has been informed by an understanding of perspectives of and on-going engagement with key stakeholders.

2. CHCP PROFILE

West Dunbartonshire CHCP's stated aims are to:

- Improve the health of the population.
- Contribute to closing the inequalities gap.
- Promote Social Welfare for the population of West Dunbartonshire.
- Share governance and accountability between NHSGGC and WDC.
- Have substantial responsibility and influence in the deployment of NHS and Council resources.
- Manage local NHS and social care service.
- Play a major role in Community Planning.
- Achieve better specialist care for its population.
- Achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community.
- Drive NHS and Local Authority planning processes.
- Protect and support vulnerable children and adults in the community.
- Deliver services that are of good quality and value for money.
- Make access to our services easier.
- Promote an understanding of Social Work within the wider community.
- Have a competent, confident and valued work force.

The Chart below outlines the span of its operational service responsibilities; and the lead accountabilities for delivery amongst its Senior Management Team (SMT).

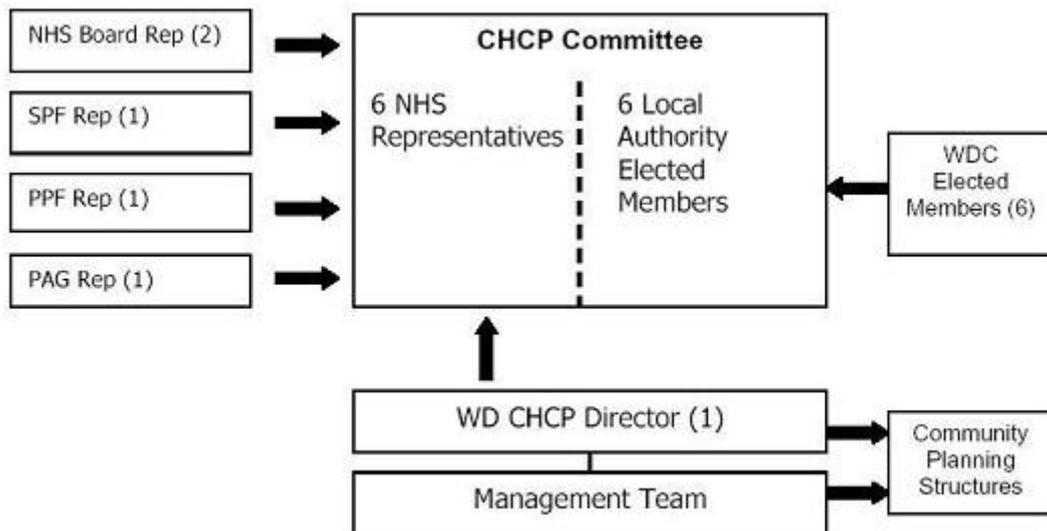


CHCP Governance Structure

The governance arrangements of the CHCP reflect the fact that it is a full partnership between NHSGGC and WDC. There are five elements:

- The CHCP Committee.
- The Joint Staff Forum (JSF)
- The Public Partnership Forum (PPF)
- The Professional Advisory Group (PAG)
- The CHCP Senior Management Team (SMT)

The relationships of these five elements are as illustrated below:



The composition of West Dunbartonshire CHCP Committee reflects a partnership approach, with an Elected Member as chair of the Committee and an NHS member as vice chair.

Chief Social Work Officer's Overview

Social Work and Social Care Services are delivered usually, but not exclusively, to the most vulnerable in our communities and therefore have a particular contribution to make to safeguarding individuals from harm and protecting the public. These are complex issues requiring a balance to be struck between needs, risks and rights. The assessment and management of risk posed to individual children, vulnerable adults and the wider community require Social Work Services to not only have clear systems in place to govern our own responsibilities but also require us to collaborate very closely with partner agencies. Section 45 of the Local Government (Scotland) Act 1994 sets out the requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO). The Social Work (Scotland) Act 1968 required each local authority to appoint a Director of Social Work but with organisational arrangements changing over time, and not every local authority having a stand alone Social Work Department, it became necessary to clarify the role and function of the CSWO. Within West Dunbartonshire CHCP, the responsibilities of the CSWO are formally discharged by the Head of Children's Health, Care & Criminal Justice Services. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care Services, not only those provided directly by the local authority but also those commissioned or purchased from the voluntary or private sector. Social Work Services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

Protecting and empowering vulnerable adults and children who may be at risk of harm remains a high priority for the CHCP, as manifested through its strong work within the local Adult Protection Committee (APC) and the local Child Protection Committee (CPC - currently chaired by the CHCP CSWO). Multi-Agency Public Protection Arrangements (MAPPA) are now in their third year of operation and have brought additional clarity and rigour to joint working with High Risk Offenders (Registered Sex Offenders and Restricted Patients). A notable development during 2010/11 been the decision by the Chief Officers' Group for oversight of the Child Protection Committee (which comprises the Chief Executive of WDC, the Chief Executive of NHS GGC and the Divisional Commander of the Police) to extend its remit to encompass the whole public protection agenda. The Chief Officers' Group, therefore, now scrutinises the work of the Child Protection Committee. Both the most recent West Dunbartonshire Child Protection Committee Annual Report and the Adult Protection Committee Biannual Report provide details of notable activity and key local issues in relation to these critical agendas.

Changing Lives, the 21st Century Review of Social Work, described the changing social environment in which Social Work operates and the complexities, challenges and expectations of the service. The Review notes that importance of a confident, competent and valued social care workforce. Guidance from the Scottish Government on the role of the CSWO comments on the particular challenges raised for staff working in integrated service delivery arrangements and multi-agency partnerships. Such arrangements need to value the professional contribution made by each of the partners and there is a need for clarity of accountability and professional leadership. There is no doubt though that, in order to meet the needs of our communities, joined up and collaborative working can benefit effective delivery of services.

Clinical Governance Overview

Clinical governance is how health services are held accountable for the safety, quality and effectiveness of clinical care delivered to patients. Clinical governance is a statutory requirement of NHS Boards and is achieved by co-ordinating three interlinking strands of work:

- Robust national and local systems and structures that help identify, implement and report on quality improvement.
- Quality improvement work involving health care staff, patients and the public.
- Establishing a supportive, inclusive learning culture for improvement.

The CHCP Director has overall accountability for clinical governance within the CHCP. This is primarily discharged through CHCP's appointed Clinical Director (who is a practicing GP) and the CHCP's Heads of Service. The Clinical Governance Group is composed of the Clinical Director (as Chair), Heads of Service, a Professional Advisory Group Representative, Lead Pharmacist/Optometrists/Dental Representatives, and a Lead Allied Health Professions (AHP) Representative. The Group is supported by the Clinical Risk Co-ordinator and Clinical Effectiveness Co-ordinator from the NHSGGC Clinical Governance Support Unit.

Clinical incidents and near-misses, where there is no harm to the patient, highlight the need for appropriate action to be taken to reduce or manage risks. There is a valuable opportunity to learn from the barriers that prevented a near-miss from becoming an incident. Reporting and learning from incidents and 'near-misses' is part of the risk management process in your organisation and exists to protect the safety of patients, staff and visitors. The CHCP uses the NHSGGC on-line Datix system of critical incident reporting. The CHCP also makes use of Root Cause Analysis (RCA) for evaluation of incidents. GP practices submit Significant Event Analysis (SEAs) as part of the national Quality and Outcomes Framework (QOF); and, in keeping with the Clinical Governance advice issued by Scottish Government to GP practices in 2010, the CHCP has ensured that SEA is a standing item on the agendas of the two primary care locality groups that it sponsors (in line with the NHSGGC Primary Care Framework).

Details of activity undertaken and key issues during 2010 are provided within the CHCP's Clinical Governance Annual Report.

3. PERFORMANCE OVERVIEW 2010-11: NOTABLE ACHIEVEMENTS

This Strategic Plan builds on the positive progress made by both the previous CHP and the Social Work and Health Department in the first half of 2010/12 (during which the CHCP was operating in “shadow” form); and then the CHCP during the first 6 months of combined operations. The considerable achievements of the CHCP and its staff over the previous year provide a robust platform for action over the coming twelve months. The following four examples are of strategic note.

The establishment of the CHCP itself is obviously a notable and substantial achievement, with the relatively smooth transition a testament to the considerable commitment and pragmatism of both CHCP staff and the new CHCP Committee. The launch of the CHCP has subsequently been solidified by the introduction of refreshed governance and accountability arrangements in relation to the CHCP Committee, PAG, PPF and JSF (in accordance with the agreed Scheme of Establishment)

During the first month of the CHCP’s operation, the then Social Work Inspectorate Agency (SWIA) undertook a routine follow-up inspection (the previous one having taken place the year before). The formal report of that follow-up inspection was encouraging, highlighting good progress in relation to the 13 recommendations set out within the 2009 inspection report. Good progress was specifically underlined in:

- Developing an outcomes approach to both working with people and service planning.
- Strengthening the focus of work within criminal justice services, with the very positive engagement of those using the services.
- Developing a clear joint service between WDC and NHSGGC (this feedback being particularly timely).

At the end of 2010 the Scottish Government announced the establishment of a *Change Fund* for 2011/12 to enable health and social care partners to implement local plans for making better use of their combined resources for older people’s services. In December 2010 an invitation was extended to the 32 local Partnerships in Scotland to submit a local Change Fund Plan proposal (agreed by all partners) to the Ministerial Strategic Group (MSG) for Health and Community Care. West Dunbartonshire was allocated circa £1.2 million from the national Change Fund to apply for. A comprehensive proposal was expeditiously prepared and submitted by the CHCP (as lead partner). Following positive feedback, the Scottish Government has just confirmed the release of the West Dunbartonshire funds on the basis of the proposal submitted. The content of that local Plan is very much evident within this Strategic Plan, reflecting the importance of this programme to so many of the CHCP’s priorities and corporate outcomes for the year ahead.

Finally, it is particularly important to recognise that this confident emergence of the CHCP has taken place at a time of increasing financial challenge for the Scottish public sector. As such, it is particularly noteworthy that the CHCP has delivered upon all of its agreed efficiency savings objectives whilst calmly managing substantial mid-year adjustments; and is ending the financial year 2010/11 having successfully achieved a recurring financial balance (in relation to both NHSGGC and WDC budgets).

4. STRATEGIC ASSESSMENT: PLANNING CONTEXT

West Dunbartonshire lies north of the River Clyde and encompasses the urban communities of Clydebank, Dumbarton, Balloch, Alexandria and Renton. There is also a more rural area that runs south of Loch Lomond. The population of West Dunbartonshire is estimated at 90,920 (table 1). In West Dunbartonshire the trend has been for the number of deaths to be greater than the number of births; and for out-migration levels to exceed in-migration.

Table 1 (West Dunbartonshire Social and Economic Profile 2009-2010)

Age Bands	Number of Females	% Females	Number of Males	% Males	Total Persons	% Total
0-4	2,611	5.5%	2,728	6.3%	5,339	5.9%
5-9	2,352	4.9%	2,356	5.5	4,708	5.2%
10-14	2,505	5.2%	2,681	6.2%	5,186	5.7%
15-19	2,849	6.0%	3,080	7.1%	5,929	6.5%
20-24	3,100	6.5%	3,262	7.6%	6,362	7.0%
25-29	2,982	6.2%	2,928	6.8%	5,910	5.4%
30-34	2,591	5.4%	2,336	5.4%	4,927	5.4%
35-39	3,047	6.4%	2,671	6.2%	5,718	6.3%
40-44	3,752	7.9%	3,321	7.7%	7,073	7.8%
45-49	3,772	7.9%	3,375	7.8%	7,147	7.9%
50-54	3,486	7.3%	3,121	7.2%	6,607	7.3%
55-59	2,954	6.2%	2,733	6.4%	5,687	6.3%
60-64	2,864	6.0%	2,685	6.2%	5,549	6.1%
65-69	2,370	5.0%	1,892	4.4%	4,262	4.7%
70-74	2,081	4.4%	1,621	3.85	3,702	4.1%
75-79	1,897	4.0%	1,207	2.8%	3,104	3.4%
80-84	1,319	2.8%	716	1.7%	2,035	2.2%
85-89	823	1.7%	314	1.0%	1,137	1.3%
90+	403	0.8%	135	0.3%	538	0.6%
Total	47,758		43,162		90,920	

According to the Scottish Index of Multiple Deprivation (SIMD) 2009, West Dunbartonshire has 33 datazones in the 15% most income deprived category. Half the datazones in West Dunbartonshire are in the 30% most deprived on the overall SIMD with similar patterns showing in the income, employment, health and crime domains. The more deprived datazones in West Dunbartonshire are concentrated in the South East and the West of the area.

This Strategic Plan has benefited from up-to-date information within the *West Dunbartonshire Social and Economic Profile 2009-2010*, the *2010 Health and Wellbeing Profile for West Dunbartonshire* and the *2010 Children and Young People Health and Wellbeing Profile for West Dunbartonshire* (both produced by the Scottish Public Health Observatory), as well as the findings of the local Community Planning-sponsored *Health and Wellbeing Survey of West Dunbartonshire's 15% SIMD Areas*.

NHSGGC Corporate Planning Context

The draft NHSGGC Corporate Plan sets out the key priorities and direction of travel for NHSGGC for the period 2010 – 13. The Corporate Plan describes the key outcomes to be delivered by NHSGGC, namely:

- Patients can access services at a time they need and in the appropriate location.
- Efficient and economic services are provided based on best practice and value for money.
- Services are provided in a way which maximises quality and safety.
- Financial resources are allocated recognising the mutual inter-dependence of primary and secondary care services.
- Facilities are planned and invested in to reflect service and patient requirements and are environmentally sustainable.
- Information is managed and disseminated effectively to support planning and service delivery.
- People are supported to live independently by the provision of a full range of care services available locally.
- The public is informed on issues of public health to enable prevention and early detection of health problems.
- Early intervention is understood by staff, service users and carers and has begun to become the norm, facilitated through supporting services.
- Specific high risk groups are targeted in order to mitigate against the risk of ill-health.
- Inequalities are addressed through effective planning, practice and service design.
- Services seek and are responsive to patient views.
- The workforce is engaged, feels valued and is representative of the population.

These high-level outcomes are developed more fully within the planning and policy frameworks designed for 2010 – 13, namely:

- Acute Services
- Adult Mental Health
- Alcohol & Drugs
- Cancer
- Child and Maternal Health
- Long Term Conditions, Older People & Disability
- Primary Care
- Sexual Health
- Primary Care
- Unplanned Care
- Employability, Financial Inclusion & Responding to the Recession
- Health Improvement
- Quality - Creating a Person Centred & Mutual NHS
- Sustainability Policy
- Tackling Inequality
- Unpaid Care

WDC Corporate Planning Context

The WDC Corporate Plan for 2011/15 provides the framework within which all WDC departments are to plan and deliver services over the next four years.

The Council has identified six themes and related priorities:

Theme 1 - Regeneration and the local economy

- Promote physical area regeneration
- Grow the local economy
- Regenerate the schools estate
- Improve housing quality
- Deliver co-ordinated, sustainable planning
- Better employment opportunities
- Reduce population decline

Theme 2 - Health and well being

- Target support to vulnerable groups
- Increase life expectancy – especially in the most deprived areas
- Reduce inequalities and poverty

Theme 3 - Safe and strong communities

- Improve estate management of Council housing
- Improve community safety
- Improve community spirit

Theme 4 - Sustainable environments

- Improve environmental quality and sustainability
- Improve sustainability of the transportation network

Theme 5 - Education and lifelong learning

- Raise school attainment and achievement
- Provide learning for life

Theme 6 - An improving Council

- Improve strategic leadership
- Improve community engagement
- Improve governance, resource management and financial planning
- Value our employees
- Promote continuous improvement and competitiveness
- Promote sustainable development
- Improve organisation culture
- Improve the perception of West Dunbartonshire

West Dunbartonshire Community Planning Context

The aim of the West Dunbartonshire Community Planning Partnership (WDCPP) is to work in partnership to improve the economic, social, cultural and environmental well being of West Dunbartonshire for all who live, work, visit and do business here. Recent guidance provided by the Scottish Government and COSLA entitled “Equal Communities in a Fairer Scotland: A Joint Statement” restates the underpinning principles for tackling high levels of deprivation. The Guidance seeks to connect the key aims uniting all three of the linked social policy frameworks - Achieving our Potential, Equally Well and the Early Years Framework - and the principles that underpinned Fairer Scotland Fund investment before the end of ring fencing, i.e.:

- A focus on investment and services that address the root causes of long standing concentrated multiple deprivation, not only alleviate its symptoms.
- Emphasis on making early interventions in vulnerable communities to address problems as quickly as possible.
- Encouraging effective joint working between community planning partners, including links to the third and private sectors.
- Focused action on improving employability and linking residents to employment opportunities as a key means of extending opportunity and tackling high levels of local deprivation.
- Support for community empowerment so that local communities become more resilient and deliver change themselves, and influence and inform the decisions made by community planning partners.

Single Outcome Agreements (SOA) are the means by which Community Planning Partnerships agree their strategic priorities for their local area, express those priorities as outcomes to be delivered by the partners, either individually or jointly, and show how those outcomes should contribute to the Scottish Government's relevant National Outcomes. The CPP is driving its 2009-11 SOA through six Thematic Groups:

- Improving Health & Well-being:
Lead agency WD CHCP (NHSGGC & WDC)
- Creating Sustainable & Attractive Living Environments:
Lead agency WDC
- Developing Affordable & Sustainable Housing: Lead agency WDC
- Promoting Education & Lifelong Learning: Lead agency WDC
- Regenerating & Growing our Local Economy: Lead agency WDC
- Building Strong Safe Communities: Lead agency Strathclyde Police

A revised SOA for 2011-14 is currently being developed for completion in summer 2011. It has been agreed that this refreshed SOA will major on three priorities, with “health and wellbeing” explicitly addressed as a cross-cutting issue within each:

- Worklessness (tackling the work and poverty agenda)
- Early Years
- Safe, Strong and Involved Communities

Equalities, Health & Human Rights

Previous equality legislation required public sector bodies to have Race, Disability and Gender Equality Schemes. The *Equality Act 2010* replaces the existing antidiscrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. It also strengthens the law in important ways to help tackle discrimination and inequality.

As of 2009, both WDC and NHSGGC have each had a single Equality Scheme. The WDC Equality Scheme 2009-12 sets out how and when the Council will meet its objectives in relation to the promotion of equal opportunities across the following protected characteristics: disability; gender reassignment; race (this includes ethnic or national origins, colour and nationality); religion or belief; sex; sexual orientation; marriage and civil partnership; and pregnancy and maternity. Similarly the NHSGGC Equality Scheme 2010-13 specifies the commitment of NHS Greater Glasgow and Clyde to meet its General and Specific Public Duties under the Act as well as addressing socio-economic disadvantage because of the adverse consequences it has on people's health (as reinforced for the CHCP within its Scheme of Establishment).

Equalities legislation requires that new or significantly changing policies or services and financial decisions should be subject to an assessment of their impact on the wellbeing of certain groups of people. The CHCP is committed to:

- Strengthening an inequalities sensitive approach across all its operational service plans (e.g. through application of EQIAs).
- Continuing to develop those services that by definition by a particular focus on equalities concerns (e.g. Violence Against Women).
- The on-going development of competencies and skills on inequalities in the Continuous Professional Development of staff.
- The on-going development of effective and representative arrangements for community engagement (recommendations for which are being separately presented to the Committee for approval).
- Maintaining a focus on equalities and inequalities issues through the CHCP's working relationships with other providers and contractors; and its active involvement in key partnerships (notably the local Community Planning Partnership).

**5. ACHIEVING OUR CORPORATE OBJECTIVES/OUTCOMES:
ACTIONS FOR DELIVERY 2011/12**

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Acute Services

The planning and implementation of the Acute Services Review (ASR) and the Clyde Strategies, which are crucial in delivering and sustaining services across Glasgow and Clyde, are at the core of the Acute Services Framework and will underpin delivery of the strategic priorities. A key element of the Clyde Strategies is the implementation of the Vision for the Vale of Leven Hospital, in which the CHCP has both a stake as a service provider and also as the secretariat for the Vale of Leven Monitoring Group.

A notable achievement during 2010/11 in relation to this area of concern has been achieving agreement across NHSGGC for direct referral from community optometrists to Hospital Eye Care Service (via SCI-Gateway) from April 2011.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>Improve Access and Engagement with Services (NHSGGC: ASF).</p> <p>Modernise Services (NHSGGC: ASF).</p> <p>Shift the Balance of Care (NHSGGC: ASF).</p> <p>Improved Secondary Care Interface with Primary Care and partners (NHSGGC: ASF).</p> <p>Increase proportion of older people (65+) needing care or support who are able to sustain an independent quality of life as part of the community (WDC: CP11-15).</p>	<p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Develop a local model of anticipatory care. • Identify cohort of clients/patients at high risk of admission or failure of care package. • Develop and provide alternatives to admission. • Develop neighbourhood services. • Integrate NHS and WDC Social Work Services Out of Hours provision. <p>Develop fully integrated Health and Social Care Teams for Older People, Young Adults with Complex Needs and Supported Discharge.</p> <p>Embed hospital discharge teams in community based teams in line with revised model of services.</p> <p>Agree and implement Rehabilitation and Enablement Commissioning Strategy.</p>	<p>Percentage of people 65+ admitted twice or more, as an emergency, who have not had an assessment (NOCC-R3).</p> <p>Emergency inpatient bed days rate for people aged 75 and over (NHS HEAT).</p> <p>Number of patients in short-stay settings waiting more than 6 weeks for discharge to appropriate care setting (NOCC-A1a).</p> <p>Rates of attendance at A&E between 2009/10 and 2013/14 (NHS HEAT).</p>

	<p>Ensure that 90% of new GP outpatient referrals into Consultant-led secondary care services managed electronically (via SCI-Gateway).</p> <p>Support pilot work within general practices to reduce colposcopy referral Did Not Attends (DNAs), particularly within the high SIMD areas.</p> <p>Support local GP practices participating in and delivering primary prevention health checks as part of Keep Well 2011/12 programme.</p> <p>Local implementation of direct referral from community optometrists to Hospital Eye Care Service (via SCI-Gateway), including PGD for community optometrists.</p> <p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.</p>	<p>Number of inequalities targeted cardiovascular Health Checks during 2011/12 (NHS HEAT).</p>
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Adult Mental Health

The CHCP is committed to developing programmes and services to improve and support adult mental health within the West Dunbartonshire area. Most mental health statistics relate to service usage by hospital catchment for more serious mental illness (including seriously suicidal behaviour, schizophrenia and serious unipolar and bipolar depressive illness). They are therefore difficult to translate into a more representative picture of mental health in West Dunbartonshire, as they don't address the milder forms of mental ill health (e.g. anxiety, neurosis, panic attacks and milder forms of depression). What is known from routinely collected data of mental health service usage is that more than 99% of contacts with the NHS relating to mental health take place in the community and less than 1% in hospitals.

A notable achievement during 2010/11 in relation to this area of concern has been establishment of Crisis Services for the whole West Dunbartonshire area.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>Delivery of effective treatment, care and support (NHSGGC: AMHF).</p> <p>Delivery of care on a timely basis in the right settings, which focuses on recovery (NHSGC: AMHF).</p> <p>Improving the mental health and wellbeing of the population (NHSGGC: AMHF).</p> <p>Promote positive mental health (WDC: CP11-15).</p> <p>Increase proportion of older</p>	<p>Develop local strategy for the provision of psychological therapies within the community in tandem with appropriate medication prescription and use.</p> <p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Establish a Primary Care Dementia Team. • Appoint a dedicated Mental Health Officer (MHO) to support people who are incapacitated. • Conclude redesign of Older People's Mental Health Services. • Improve liaison arrangements between GPs, psychiatrists, nurses, community pharmacists, care homes and community services in prescribing and medicines management. • Recruit a local Dementia Advisor (in partnership with Alzheimer's Scotland). • Deliver a case management service for dementia clients and their 	<p>Mean number of weeks for referral to treatment for Psychological Therapies (NHS HEAT).</p> <p>Suicide rate (NHS HEAT).</p>

<p>people (65+) needing care or support who are able to sustain an independent quality of life as part of the community (WDC: CP11-15).</p>	<p>carers; and for those whose care is not currently managed by traditional mental health specialist services.</p> <ul style="list-style-type: none"> • Introduce dementia “roving clinics” within care homes. <p>Refresh local Dementia Interest Group, ensuring agenda includes specific health improvement actions; and representation from key carers’ groups.</p> <p>Act upon the findings of the Scottish Recorded Indicators Pilot at Goldenhill Resource Centre to support the development of recovery-focused services.</p> <p>Establish a recovery-focused group at Review Resource Centre.</p> <p>Conclude routine application of Single Shared Assessment (SSA) across community mental health services.</p> <p>Develop local strategy for people within the autistic spectrum disorder across mental health services.</p> <p>Conclude local Mental Health Improvement Action Plan.</p> <p>Implement local <i>Choose Life</i> action plan.</p> <p>Evaluate local <i>Seasons for Growth</i> programme.</p> <p>Develop local Work Connect project to fit more closely with the Skills Pipeline model.</p>	
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	<p>Introduce routine sensitive enquiry into mental health services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.</p>	
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Alcohol & Drugs

The CHCP is committed to working with local Community Planning Partners to develop programmes and services that tackle problematic alcohol consumption and drug misuse within the West Dunbartonshire area. It will primarily provide leadership in this area through its chairing of the local Alcohol and Drug Partnership (ADP).

A notable achievement during 2010/11 in relation to this area of concern has been the launch of an addictions service user-run Mentoring Service.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>Deliver care in the right settings (NHSGC: ADF).</p> <p>Deliver better care through early intervention (NHSGGC: ADF).</p> <p>Focus on the most vulnerable people (NHSGGC: ADF).</p> <p>Prevent ill health (NHSGGC: ADF).</p> <p>Improve access (NHSGGC: ADF).</p> <p>Improves services (NHSGGC: ADF).</p> <p>Reduce levels of alcohol consumption (WDC: CP11-15).</p>	<p>Lead implementation of the ADP (CPP) Alcohol and Drugs Strategy.</p> <p>Establish a local ADP Expert Support Team.</p> <p>Review Addictions Commissioning Strategy</p> <p>Conclude application of Single Shared Assessment (SSA) across addictions services.</p> <p>Deliver Alcohol Brief Intervention (ABI) training programme in HEAT specified settings.</p> <p>Deliver Alcohol Brief Intervention (ABI) training programme in non-HEAT specified settings.</p> <p>Conclude Health Impact Assessment of local licensing policy.</p> <p>Introduce routine sensitive enquiry into addictions services (as per <i>CEL 41: Gender-based violence action plan</i>).</p>	<p>The percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug and alcohol treatment that supports their recovery (NHS HEAT).</p> <p>Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (in line with SIGN 74 guidelines) during 2011/12 (NHS HEAT).</p>

Reduce use of illegal drugs (WDC: CP11-15).	Assess training requirements for staff working with children and young people affected by Parental Substance Misuse, in line with Getting Our Priorities Right (GOPR) and outcome of Significant Case Review.	
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Cancer

The CHCP is committed to working with other parts of NHSGGC to reduce cancer deaths and improve cancer care, primarily by contributing to the implementation of the NHSGGC Cancer Plan.

A notable achievement during 2010/11 in relation to this area of concern has been supporting three local Primary Schools within the Whitecrook area to achieve the Smoke Free School Award (as part of the national Equally Well Tobacco test-site that the CHCP has led on).

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>The incidence of cancer among the population is reduced through primary prevention, including (NHSGGC: CF):</p> <ul style="list-style-type: none"> ▪ Improved public awareness of cancer risk. ▪ Improved population lifestyles, i.e. improved diet, increased exercise, reduced alcohol intake and smoking. <p>Patients' survival rates and quality of life are improved by detecting cancer as early as possible, including (NHSGGC: CF):</p> <ul style="list-style-type: none"> ▪ Improved public awareness about symptoms. 	<p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Ensure local application of the Liverpool Care Pathway and the Gold Standards Framework. • Introduce a Community Specialist Palliative Care Nurse Service. • Ensure each GP Practice maintains a Palliative Care Register. • Introduce the Supportive and Palliative Action Register (SPAR). • Provide home-based palliative care. • Enhance training for care home and home care staff in palliative care. • Increase the level of carer support plans and support provided. <p>Support pilot work within general practices to reduce colposcopy referral Did Not Attend (DNAs), particularly within the high SIMD areas.</p> <p>Deliver Alcohol Brief Intervention (ABI) training programme in HEAT specified settings.</p> <p>Deliver Alcohol Brief Intervention (ABI) training programme in non-</p>	<p>Total number of successful quits (at one month post quit) delivered by community-based universal smoking cessation service (NHS HEAT).</p> <p>Total number of successful quits (at one month post quit) delivered by community-based universal smoking within specified SIMD areas of high socio-economic deprivation (NHS HEAT).</p> <p>Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (in line with SIGN 74 guidelines) during 2011/12 (NHS HEAT).</p>

<p>Patients with cancer have improved access to palliative care at the right time and in the right setting, and that meet or surpass the national standards (NHSGGC: CF).</p> <p>Cancer health inequalities between deprived and non-deprived population are identified and reduced (NHSGGC: CF).</p> <p>Reduce levels of smoking (WDC: CP11-15).</p> <p>Reduce levels of alcohol consumption (WDC: CP11-15).</p> <p>Improve diet and nutrition (WDC: CP11-15).</p> <p>Increase levels of physical activity (WDC: CP11-15).</p>	<p>HEAT specified settings.</p> <p>Review and revise community smoking cessation arrangements to reflect the new HEAT target, incorporating learning from the Equally Well test-site (including work targeted specifically at pregnant smokers).</p> <p>Develop and deliver training on smoking awareness and second hand smoke.</p> <p>Implement Health Behavioural approach targeted at “hard to reach groups” using motivational emphasis.</p> <p>Roll out Smoke Free Schools Award.</p> <p>Ensure delivery of Eat Up programme, with targeting in deprived areas.</p> <p>Ensure delivery of Live Active programme, with targeting in deprived areas.</p> <p>Implement CHCP Cancer Information Action Plan.</p>	<p>Percentage of carers who feel supported and capable to continue in their role as a carer (NOCC-C1).</p>
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Child & Maternal Health

The CHCP is committed to working with local Community Planning Partners to develop programmes and services that improve and protect the health and wellbeing of children and young people within the West Dunbartonshire area. This work is undertaken in tandem with the CHCP's support for the implementation of the NHSGGC Maternity Strategy and NHSGGC Infant Feeding.

A notable achievement during 2010/11 in relation to this area of concern has been the awarding of Stage 2 UNICEF Baby Friendly Communities Accreditation.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>There is a focus on early intervention in the lives of women children and young people (NHSGGC: CMHF).</p> <p>Service design is targeted at vulnerable women and their families to reduce the health inequalities gap between deprived and non deprived populations (NHSGGC: CMHF).</p> <p>There are improvements in the health of women children and young people and promote parental confidence (NHSGGC: CMHF).</p> <p>Women, children and families have equitable access to services</p>	<p>Implement CEL 15: <i>Refresh of health for all children</i> (Hall 4), including the 30 month review with routine follow-up.</p> <p>Implement the NHSGGC programme for Vulnerable Children and Families specified within the child health surveillance protocols.</p> <p>Implement recommendations of the NHSGGC school nursing review.</p> <p>Implement recommendations of the NHSGGC speech and language therapy review.</p> <p>Implement the agreed model of general outreach paediatric clinics as set out within the NHSGGC community paediatrics review.</p> <p>Implement redesign of Child and Adolescent Mental Health Service (CAMHS) across West Dunbartonshire.</p> <p>Implement recommendations of NHSGGC breastfeeding review.</p> <p>Achieve Stage 3 UNICEF Baby Friendly Communities Accreditation.</p>	<p>Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) (NHS HEAT).</p> <p>Completion rates for child healthy weight intervention programme over the three years ending March 2014 (NHS HEAT).</p> <p>Percentage of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year (NHS HEAT).</p> <p>Percentage of children on the Child Protection Register who have a completed and up-to-date</p>

<p>(NHSGGC: CMHF).</p> <p>Improve diet and nutrition (WDC: CP11-15).</p> <p>Reduce levels of smoking (CP11-15).</p> <p>Increase levels of physical activity (WDC: CP11-15).</p> <p>Promote positive mental health (WDC: CP11-15).</p> <p>Increase positive destinations when leaving school (going into further or higher education, employment, or training) for young people who are Looked After at Home or Looked After and Accommodated (WDC: CP11-15).</p> <p>Provide opportunities to enable young people at risk to have positive chances and make positive choices in their life (WDC: CP11-15).</p> <p>Reduce child poverty (WDC:</p>	<p>Review and revise community smoking cessation arrangements to reflect the new HEAT target, incorporating learning from the Equally Well test-site (including work targeted specifically at pregnant smokers).</p> <p>Roll out Smoke Free Schools Award.</p> <p>Ensure delivery of Active Children Eating Smarter (ACES) programme.</p> <p>Develop training for trainers pack to support development of sustainable nursery physical activity programme.</p> <p>Evaluate local <i>Seasons for Growth</i> programme.</p> <p>Support the delivery of <i>Childsmile</i> Core Programme, including monitoring and supervision of <i>Smile Too</i> nursery toothbrushing programme.</p> <p>Agree and implement local sexual health policy and guidance for staff working with Looked After and Accommodated Children (LAAC).</p> <p>Agree and support implementation of local Relationships, Sexual Health and Parenthood (RSHP) policy.</p> <p>Support implementation of local action plan for Parental Support.</p> <p>Agree and support implementation of CPP Parenting Strategy, prioritising Triple P training for identified staff.</p> <p>Review WDC Corporate Parenting Strategy.</p>	<p>risk assessment (SW/CP/001).</p> <p>Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care (SW/CS/001).</p> <p>Percentage of children and young people who are supported at home under statutory supervision (LITCS001).</p> <p>Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds (SW/SCRA/003).</p>
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<p>CP11-15).</p> <p>Reduce financial exclusion (WDC: CP11-15).</p> <p>Improve child protection (WDC: CP11-15).</p>	<p>Ensure application of Integrated Assessment Framework (IAF) principles across services.</p> <p>Conclude evaluation of young carers' service pilot within Vale of Leven Academy.</p> <p>Implement local model of Kinship Care.</p> <p>Implement new Foster Carers' Payment Scheme.</p> <p>Conclude self-evaluation of child protection processes in anticipation of Social Care and Social Work Improvement Scotland (SCSWIS) inspection.</p> <p>Implement new National Guidance for Child Protection and revised West of Scotland procedures.</p> <p>Assess training requirements for staff working with children and young people affected by Parental Substance Misuse, in line with Getting Our Priorities Right (GOPR) and outcome of Significant Case Review.</p> <p>Develop local gender-based violence strategy.</p> <p>Review delivery of Children's Services within Violence Against Women Partnership.</p>	
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	<p>Evaluate impact of revised service for survivors of sexual abuse (CARA and Rape Crisis) and Reduce Abuse project.</p> <p>Implement Good Practice Guide for Working with Young Women Vulnerable to Sexual Exploitation.</p> <p>Introduce routine sensitive enquiry into health visiting services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Conclude local Healthier, Wealthier Children: Children and Families Financial Inclusion Project.</p> <p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.</p>	
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Long Term Conditions, Older People & Disability

The CHCP is committed to developing programmes and services to address the health and health care needs of older people, those with long term conditions and those with a disability within the West Dunbartonshire area – with many individuals being categorised as belonging to more than one of these groups.

A notable achievement during 2010/11 in relation to this area of concern has been securing the release from Scottish Government of West Dunbartonshire allocation from the national *Change Fund*.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>People are supported to live independently and safely as possible in their communities for as long as possible (NHSGGC: LODF).</p> <p>We involve people in assessment, planning and delivery of services (NHSGGC: LODF).</p> <p>People get access to the right level of care and support when they need it (NHSGGC: LODF).</p> <p>A systematic and integrated multi-agency approach to care is in place, which optimises outcomes for individuals (NHSGGC: LODF).</p>	<p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Develop a local model of anticipatory care. • Identify cohort of clients/patients at high risk of admission or failure of care package. • Develop and provide alternatives to admission. • Develop neighbourhood services. • Integrate NHS and WDC Social Work Services Out of Hours provision. • Embed outcomes approach (Talking Points). • Increase appropriate use of Telecare provision. • Increase appropriate use of Step Up, Step Down provision. • Introduce day care reablement and reablement in short-term care home placements. • Provide a focus for volunteer input (e.g. Eating with Clients; Macmillan care; Care & Repair). • In partnership with Department of Medicine for the Elderly, develop rapid community access to geriatric assessment and geriatric consultant advice and support. 	<p>Total number of homecare hours provided as a rate per 1,000 population aged 65+ (SAS4bii ASW4bii).</p> <p>Percentage of homecare clients aged 65+ receiving personal care (SAS4ci1 ASW4ci).</p> <p>Percentage of homecare clients aged 65+ receiving a service during evening/overnight (SAS4cii2 ASW4cii).</p> <p>Percentage of homecare clients aged 65+ receiving a service at weekends (SAS4ciii2 ASW4ciii).</p> <p>Percentage of Care Plans</p>

<p>We have services which are focused on effective assessment, early intervention and maximising opportunities for recovery and enablement (NHSGGC: LODF).</p> <p>Carers are recognised as a key partner in the planning and delivery of services, and services are provided to support them in their caring role (NHSGGC: LODF).</p> <p>People are able to die with dignity in a place of their own choosing (NHSGGC: LODF).</p> <p>Staff are trained to ensure that they have the right knowledge, skills and approach (NHSGGC: LODF).</p> <p>We understand and respond to inequalities in access and outcome (NHSGGC: LODF).</p> <p>People remain active in later life, continue to have meaningful things to do and are part of their</p>	<ul style="list-style-type: none"> • Establish a Primary Care Dementia Team. • Appoint a dedicated Mental Health Officer (MHO) to support people who are incapacitated. • Conclude redesign of Older People’s Mental Health Services. • Improve liaison arrangements between GPs, psychiatrists, nurses, community pharmacists, care homes and community services in prescribing and medicines management. • Recruit a local Dementia Advisor (in partnership with Alzheimer’s Scotland). • Deliver a case management service for dementia clients and their carers; and for those whose care is not currently managed by traditional mental health specialist services. • Introduce dementia “roving clinics” within care homes. • Ensure local application of the Liverpool Care Pathway and the Gold Standards Framework. • Introduce a Community Specialist Palliative Care Nurse Service. • Ensure each GP Practice maintains a Palliative Care Register. • Introduce the Supportive and Palliative Action Register (SPAR). • Provide home-based palliative care. • Enhance training for care home and home care staff in palliative care. • Increase the level of carer support plans and support provided. • Increase the number of respite weeks provided. • Increase the level of self-directed support for respite. • Improve access to Out of Hours and short break respite. • Undertake waiting times initiative in relation to occupational therapy (OT) assessment, aids and adaptations. • Commission new models of care at home. 	<p>reviewed within agreed timescale (NOCC-Q3).</p> <p>Percentage of people 65+ with intensive needs receiving care at home (NOCC-BC2a).</p> <p>Percentage of people aged 65 and over who receive 20 or more interventions per week (LITOP013).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Critical need (NOCC-EC1).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Substantial need (NOCC-EC2).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Moderate need (NOCC-EC3).</p>
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<p>local (NHSGGC: LODF).</p> <p>People with care and support needs have a say in finding solutions personalised to their needs and aspirations (NHSGGC: LODF).</p> <p>People with dementia and their carers receive the treatment, care and support following diagnosis that enables them to live as well as possible (NHSGGC: LODF).</p> <p>People live as independently and safety as possible (NHSGGC: LODF).</p> <p>Increase proportion of older people (65+) needing care or support who are able to sustain an independent quality of life as part of the community (WDC: CP11-15).</p> <p>Promote positive mental health (WDC: CP11-15).</p>	<ul style="list-style-type: none"> • Develop social enterprise models aimed at providing services to older people by older people, in partnership with Housing Associations and voluntary organisations. • Refresh local Dementia Interest Group, ensuring agenda includes specific health improvement actions; and representation from key carers' groups. • Develop and agree Self Directed Care Strategy. • Agree and implement recommendations of CHCP Community Engagement Review, i.e.: • The PPF is further developed to support community engagement across health and social care, including <ul style="list-style-type: none"> ▪ The work of the previous Social Work & Health Department Planning and Implementation Partnership (PIP) is folded into that of the PPF. ▪ The chairs/lead officers for CHCP Service Planning Groups attend at least one PPF meeting each year to discuss plans and progress; and ensure that any community group representatives routinely participating in the work of "their" service planning group are encouraged to become a member of the PPF. • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that they will comply with the national Community Engagement Standards and NHS Participation 	<p>Percentage of people 65+ admitted twice or more, as an emergency, who have not had an assessment (NOCC-R3).</p> <p>Emergency inpatient bed days rate for people aged 75 and over (NHS HEAT).</p> <p>Number of patients in short-stay settings waiting more than 6 weeks for discharge to appropriate care setting (NOCC-A1a).</p> <p>Percentage of carers who feel supported and capable to continue in their role as a carer (NOCC-C1).</p> <p>Total number of respite weeks provided to all client groups (ScotGovSW/006).</p> <p>Percentage of Adult Support and Protection clients who have current risk assessments and care plan (LITASP001).</p>
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	<p>Standard.</p> <ul style="list-style-type: none"> • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that will actively seek to engage with pertinent equality groups (as per the NHSGGC Equality; and the WDC Equality Scheme). • All CHCP Service Planning Groups utilise a combination of consultation techniques and feedback methods as set out within the recently produced West Dunbartonshire CPP Consultation Toolkit. • All CHCP Service Planning Groups include a minimum of one staff/officer member who either is or has participated in the West Dunbartonshire CPP-sponsored programme of accredited training on community engagement. • The CHCP undertake an annual audit of community engagement activity within and across Service Planning Groups, with a particular focus on actions to include a diverse spectrum of community (and equality) groups. <p>Agree and implement Rehabilitation and Enablement Commissioning Strategy.</p> <p>Agree local model of joint care management.</p> <p>Develop fully integrated Health and Social Care Teams for Older People, Young Adults with Complex Needs and Supported Discharge.</p> <p>Embed hospital discharge teams in community based teams in line with revised model of services.</p>	
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	<p>Local implementation of outcomes of NHSGGC-wide AHP redesign.</p> <p>Deliver integrated care packages for people with Chronic Obstructive Pulmonary Disease (COPD) and diabetes with community pharmacy and general practice.</p> <p>In collaboration with Diabetes Managed Clinical Network (MCN), develop DNA policy.</p> <p>Deliver integrated care packages for people with asthma and Coronary Heart Disease (CHD) community pharmacy and general practice.</p> <p>Support local GP practices participating in and delivering primary prevention health checks as part of Keep Well 2011/12 programme.</p> <p>Support Dumbarton and District Multiple Sclerosis (MS) Branch to introduce a ‘localised drop-in centre’ (contingent on similar support being extended from within Argyll & Bute).</p> <p>Establish programme to assure safe anticoagulant prescribing from community pharmacies.</p> <p>Work with local Primary Medical Services (PMS) GP practice to undertake a Scottish Patient Safety Programme (SPSP) care bundle on warfarin.</p> <p>Undertake project with community pharmacists to assist visually impaired patients with safe taking of medication.</p> <p>Deliver local collaborative learning programme focused on falls</p>	
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	<p>management.</p> <p>Fully implement national eligibility criteria.</p> <p>Agree Learning Disabilities Commissioning Strategy.</p> <p>Provide access to Care First within identified community-based health care settings.</p> <p>Conclude routine application of Single Shared Assessment (SSA) across community health and care services.</p> <p>Conclude routine application of Single Shared Assessment (SSA) across learning disabilities services.</p> <p>Develop local strategy for people within the autistic spectrum disorder across mental health services.</p> <p>Develop local Work Connect project to fit more closely with the Skills Pipeline model.</p> <p>Ensure compliance with CEL 6: <i>Strengthening Carer Involvement in Community Health Partnerships</i> (within the context of the concluded CHCP Community Engagement Review).</p> <p>Develop plan for supporting carers' information in preparation for the end of dedicated national Carers' Information Strategy (CIS) funding.</p> <p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the</p>	
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	Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.	
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Primary Care

The NHSGGC Primary Care Framework is underpinned by an explicit commitment to acknowledge and underline the place of primary care at the heart of the health service, not least as it is the setting where most clinical encounters take place.

A notable achievement during 2010/11 in relation to this area of concern has been the positive Gateway Stage 2 review of the development work undertaken towards a new Alexandria Health and Care Centre.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>Develop Access and Engagement with Services (NHSGGC: PCF).</p> <p>Develop Resources (NHSGGC: PCF)</p> <p>Develop Workforce (NHSGGC: PCF)</p> <p>Develop Partnership (NHSGGC: PCF)</p> <p>Develop secondary care interface (NHSGGC: PCF).</p> <p>Increase proportion of older people (65+) needing care or support who are able to sustain an independent quality of life as part of the community (WDC: CP11-15).</p>	<p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Develop a local model of anticipatory care. • Identify cohort of clients/patients at high risk of admission or failure of care package. • Develop and provide alternatives to admission. • In partnership with Department of Medicine for the Elderly, develop rapid community access to geriatric assessment and geriatric consultant advice and support. • Establish a Primary Care Dementia Team. • Improve liaison arrangements between GPs, psychiatrists, nurses, community pharmacists, care homes and community services in prescribing and medicines management. • Deliver a case management service for dementia clients and their carers; and for those whose care is not currently managed by traditional mental health specialist services. • Ensure local application of the Liverpool Care Pathway and the Gold Standards Framework. • Ensure each GP Practice maintains a Palliative Care Register. • Introduce the Supportive and Palliative Action Register (SPAR). 	<p>Total number of homecare hours provided as a rate per 1,000 population aged 65+ (SAS4bii ASW4bii).</p> <p>Percentage of homecare clients aged 65+ receiving personal care (SAS4ci1 ASW4ci).</p> <p>Percentage of homecare clients aged 65+ receiving a service during evening/overnight (SAS4cii2 ASW4cii).</p> <p>Percentage of homecare clients aged 65+ receiving a service at weekends (SAS4ciii2 ASW4ciii).</p> <p>Percentage of Care Plans reviewed within agreed timescale</p>

<p>Promote positive mental health (WDC: CP11-15).</p> <p>Reduce levels of alcohol consumption (WDC: CP11-15).</p> <p>Reduce poverty (WDC: CP11-15).</p> <p>Reduce fuel poverty (WDC: CP11-15)</p> <p>Reduce financial exclusion (WDC: CP11-15).</p>	<ul style="list-style-type: none"> • Increase the level of carer support plans and support provided. <p>Develop and agree Self Directed Care Strategy.</p> <p>Agree and implement Rehabilitation and Enablement Commissioning Strategy.</p> <p>Agree local model of joint care management.</p> <p>Develop fully integrated Health and Social Care Teams for Older People, Young Adults with Complex Needs and Supported Discharge.</p> <p>Embed hospital discharge teams in community based teams in line with revised model of services.</p> <p>Local implementation of outcomes of NHSGGC-wide AHP redesign.</p> <p>Deliver integrated care packages for people with Chronic Obstructive Pulmonary Disease (COPD) and diabetes with community pharmacy and general practice.</p> <p>In collaboration with Diabetes Managed Clinical Network (MCN), develop DNA policy.</p> <p>Deliver integrated care packages for people with asthma and Coronary Heart Disease (CHD) community pharmacy and general practice.</p> <p>Support local GP practices participating in and delivering primary prevention health checks as part of Keep Well 2011/12 programme.</p>	<p>(NOCC-Q3).</p> <p>Percentage of people 65+ with intensive needs receiving care at home (NOCC-BC2a).</p> <p>Percentage of people aged 65 and over who receive 20 or more interventions per week (LITOP013).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Critical need (NOCC-EC1).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Substantial need (NOCC-EC2).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Moderate need (NOCC-EC3).</p> <p>Percentage of people 65+</p>
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	<p>Ensure delivery of Welfare Rights Services as part of Keep Well 2011/12 anticipatory care activity.</p> <p>Deliver Alcohol Brief Intervention (ABI) training programme in HEAT specified settings.</p> <p>Support the delivery of <i>Childsmile</i> Core Programme, including monitoring and supervision of <i>Smile Too</i> nursery toothbrushing programme.</p> <p>Develop local strategy for the provision of psychological therapies within the community in tandem with appropriate medication prescription and use.</p> <p>Ensure that 90% of new GP outpatient referrals into Consultant-led secondary care services managed electronically.</p> <p>Local implementation of direct referral from community optometrists to Hospital Eye Care Service (via SCI-Gateway), including PGD for community optometrists.</p> <p>Establish programme to assure safe anticoagulant prescribing from community pharmacies.</p> <p>Work with local Primary Medical Services (PMS) GP practice to undertake a Scottish Patient Safety Programme (SPSP) care bundle on warfarin.</p> <p>Undertake project with community pharmacists to assist visually</p>	<p>admitted twice or more, as an emergency, who have not had an assessment (NOCC-R3).</p> <p>Emergency inpatient bed days rate for people aged 75 and over (NHS HEAT).</p> <p>Number of patients in short-stay settings waiting more than 6 weeks for discharge to appropriate care setting (NOCC-A1a).</p> <p>Percentage of carers who feel supported and capable to continue in their role as a carer (NOCC-C1).</p> <p>Total number of respite weeks provided to all client groups (ScotGovSW/006).</p> <p>Rates of attendance at A&E between 2009/10 and 2013/14 (NHS HEAT).</p> <p>Number of inequalities targeted</p>
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	<p>impaired patients with safe taking of medication.</p> <p>Support pilot work within general practices to reduce colposcopy referral Did Not Attends (DNAs), particularly within the high SIMD areas.</p> <p>Deliver local collaborative learning programme focused on falls management.</p> <p>Fully implement national eligibility criteria.</p> <p>Provide access to Care First within identified community-based health care settings.</p> <p>Develop service directory within new CHCP website.</p> <p>Implement Adult Support and Protection (ASP) flowchart, including recommendations for the role of GPs (via locality groups).</p> <p>Work with local PMS GP practice to incorporate patient engagement into their practice merger plan.</p> <p>Work with NHS Education for Scotland (NES) to develop local learning GP practice project.</p> <p>Agree and implement recommendations of CHCP Community Engagement Review, i.e.:</p> <ul style="list-style-type: none"> • The PPF is further developed to support community engagement 	<p>cardiovascular Health Checks during 2011/12 (NHS HEAT).</p> <p>Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (in line with SIGN 74 guidelines) during 2011/12 (NHS HEAT).</p> <p>Percentage of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year (NHS HEAT).</p>
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	<p>across health and social care, including</p> <ul style="list-style-type: none"> ▪ The work of the previous Social Work & Health Department Planning and Implementation Partnership (PIP) is folded into that of the PPF. ▪ The chairs/lead officers for CHCP Service Planning Groups attend at least one PPF meeting each year to discuss plans and progress; and ensure that any community group representatives routinely participating in the work of “their” service planning group are encouraged to become a member of the PPF. ▪ A formal proposal is made to the WDC Community Participation Committee (CPC) requesting formal representation of the PPF on the membership of the CPC. <ul style="list-style-type: none"> • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that they will comply with the national Community Engagement Standards and NHS Participation Standard. • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that will actively seek to engage with pertinent equality groups (as per the NHSGGC Equality; and the WDC Equality Scheme). • All CHCP Service Planning Groups utilise a combination of consultation techniques and feedback methods as set out within the recently produced West Dunbartonshire CPP Consultation Toolkit. • All CHCP Service Planning Groups include a minimum of one staff/officer member who either is or has participated in the 	
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	<p>West Dunbartonshire CPP-sponsored programme of accredited training on community engagement.</p> <ul style="list-style-type: none"> • The CHCP undertake an annual audit of community engagement activity within and across Service Planning Groups, with a particular focus on actions to include a diverse spectrum of community (and equality) groups. <p>Ensure compliance with CEL 6: <i>Strengthening Carer Involvement in Community Health Partnerships</i> (within the context of the concluded CHCP Community Engagement Review).</p> <p>Introduce routine sensitive enquiry into health visiting services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Develop plan for supporting carers' information in preparation for the end of dedicated national Carers' Information Strategy (CIS) funding.</p>	
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Public Protection & Criminal Justice

Protecting and empowering vulnerable adults and children who may be at risk of harm remains a high priority for the CHCP, as manifested through its strong work within the local Adult Protection Committee (APC) and the local Child Protection Committee (CPC - currently chaired by the CHCP CSWO). Multi-Agency Public Protection Arrangements (MAPPA) are now in their third year of operation and have brought additional clarity and rigour to joint working with High Risk Offenders (Registered Sex Offenders and Restricted Patients). Level 3 MAPPA discussions, involving the most complex and serious cases, are chaired by the CHCP CSWO as part of their responsibilities for Criminal Justice Services. West Dunbartonshire has a High Risk Offenders Forum and, although much of the work of the Forum has been superseded by MAPPA, the Forum continues to meet to ensure good local working arrangements. The actions below also reflect key CHCP commitments within the Argyll, Bute & Dunbartonshires' Criminal Justice Partnership agreed Planning & Performance Improvement Framework.

A notable achievement during 2010/11 in relation to this area of concern has been the agreement of a multi-agency process for progressing non-offence related referrals to the Scottish Children's Reporter Administration (SCRA).

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
Children and vulnerable adults are protected from abuse, harm and neglect (NHSGGC - QF).	Implement Adult Support and Protection (ASP) flowchart, including recommendations for the role of GPs (via locality groups).	Percentage of children on the Child Protection Register who have a completed and up-to-date risk assessment (SW/CP/001).
People with dementia and their carers receive the treatment, care and support following diagnosis that enables them to live as well as possible (NHSGGC: LODF).	Conclude self-evaluation of child protection processes in anticipation of Social Care and Social Work Improvement Scotland (SCSWIS) inspection.	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care (SW/CS/001).
People live as independently and safely as possible (NHSGGC: LODF).	Implement new National Guidance for Child Protection and revised West of Scotland procedures.	Percentage of children and young people who are supported at home under statutory supervision (LITCS001).
Improve child protection (WDC:	Develop local gender-based violence strategy.	
	Assess training requirements for staff working with children and young people affected by Parental Substance Misuse, in line with Getting Our Priorities Right (GOPR) and outcome of Significant Case Review.	

<p>CP11-15).</p> <p>Increase positive destinations when leaving school (going into further or higher education, employment, or training) for young people who are Looked After at Home or Looked After and Accommodated (WDC: CP11-15).</p> <p>Provide opportunities to enable young people at risk to have positive chances and make positive choices in their life (WDC: CP11-15)</p>	<p>Review delivery of Children’s Services within Violence Against Women Partnership.</p> <p>Evaluate impact of revised service for survivors of sexual abuse (CARA and Rape Crisis) and Reduce Abuse project.</p> <p>Implement Good Practice Guide for Working with Young Women Vulnerable to Sexual Exploitation.</p> <p>Develop local strategy for people within the autistic spectrum disorder across mental health services.</p> <p>Introduce routine sensitive enquiry into mental health services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Introduce routine sensitive enquiry into addictions services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Introduce routine sensitive enquiry into health visiting services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Develop local gender-based violence strategy.</p> <p>Contribute to service redesign across Community Justice Authority.</p> <p>Ensure routine application of Community Pay Back Orders.</p> <p>Review implementation and use of LS-CMI (Level of Service Case Management Inventory).</p> <p>Implement improvement action plan arising from High Risk Offender audit/self assessment.</p>	<p>Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds (SW/SCRA/003).</p> <p>Percentage of Adult Support and Protection clients who have current risk assessments and care plan (LITASP001).</p> <p>Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling (LITCJ004).</p> <p>Percentage of Community Payback Orders attending an induction session within 5 working days of sentence (LITCJ005).</p> <p>Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence (LITCJ006).</p>
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Sexual Health

The development and delivery of effective and efficient sexual health services and health improvement programmes is a priority for the CHCP, with a particular focus on contributing to the delivery of the national *Respect and Responsibility* agenda through the local Sexual Health Strategy Group (that the CHCP co-chairs with WDC Educational Services).

A notable achievement during 2010/11 in relation to this area of concern has been the launch of the “Happy 2 Chat” sexual health education resources within local libraries.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>Deliver better care through early intervention (NHSGGC: SHF).</p> <p>Focus on the most vulnerable people (NHSGGC: SHF).</p> <p>Promote sexual wellbeing and prevent sexual ill health (NHSGGC: SHF).</p> <p>Provide opportunities to enable young people at risk to have positive chances and make positive choices in their life (WDC: CP11-15).</p>	<p>Agree and implement local sexual health policy and guidance for staff working with Looked After and Accommodated Children (LAAC).</p> <p>Agree and support implementation of local Relationships, Sexual Health and Parenthood (RSHP) policy.</p> <p>Support implementation of local action plan for Parental Support.</p> <p>Evaluate impact of revised service for survivors of sexual abuse (CARA and Rape Crisis) and Reduce Abuse project.</p> <p>Implement Good Practice Guide for Working with Young Women Vulnerable to Sexual Exploitation.</p>	<p>Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care (SW/CS/001).</p>

Unplanned Care

Unplanned (or ‘urgent care’) is an umbrella term to include unscheduled care, urgent care, unplanned care and emergency care to ensure a single recognisable identity and to promote a more integrated approach to planning and service provision across the social and health continuum”.

A notable achievement during 2010/11 in relation to this area of concern has been the completion of a local plan for the development of telecare and telehealth.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>All parts of the organisation work well together to provide the full range of planned and unplanned services (NHSGGC - UCF).</p> <p>Reduce the reliance on unplanned care services through provision of responsive primary, community and secondary care services (NHSGGC - UCF).</p> <p>Premises for unplanned care services are planned and resourced to reflect service requirements (NHSGGC - UCF).</p> <p>Increase proportion of older people (65+) needing care or support who are able to sustain an independent quality of life as part of the community (WDC: CP11-</p>	<p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Develop a local model of anticipatory care. • Identify cohort of clients/patients at high risk of admission or failure of care package. • Develop and provide alternatives to admission. • Develop neighbourhood services. • Integrate NHS and WDC Social Work Services Out of Hours provision. • Embed outcomes approach (Talking Points). • Increase appropriate use of Telecare provision. • Increase appropriate use of Step Up, Step Down provision. • Introduce day care reablement and reablement in short-term care home placements. • Provide a focus for volunteer input (e.g. Eating with Clients; Macmillan care; Care & Repair). • In partnership with Department of Medicine for the Elderly, develop rapid community access to geriatric assessment and geriatric consultant advice and support. • Establish a Primary Care Dementia Team. 	<p>Total number of homecare hours provided as a rate per 1,000 population aged 65+ (SAS4bii ASW4bii).</p> <p>Percentage of homecare clients aged 65+ receiving personal care (SAS4ci1 ASW4ci).</p> <p>Percentage of homecare clients aged 65+ receiving a service during evening/overnight (SAS4cii2 ASW4cii).</p> <p>Percentage of homecare clients aged 65+ receiving a service at weekends (SAS4ciii2 ASW4ciii).</p> <p>Percentage of Care Plans reviewed within agreed timescale</p>

<p>15).</p> <p>Promote positive mental health (WDC: CP11-15).</p>	<ul style="list-style-type: none"> • Appoint a dedicated Mental Health Officer (MHO) to support people who are incapacitated. • Conclude redesign of Older People’s Mental Health Services. • Improve liaison arrangements between GPs, psychiatrists, nurses, community pharmacists, care homes and community services in prescribing and medicines management. • Recruit a local Dementia Advisor (in partnership with Alzheimer’s Scotland). • Deliver a case management service for dementia clients and their carers; and for those whose care is not currently managed by traditional mental health specialist services. • Introduce dementia “roving clinics” within care homes. • Ensure local application of the Liverpool Care Pathway and the Gold Standards Framework. • Introduce a Community Specialist Palliative Care Nurse Service. • Ensure each GP Practice maintains a Palliative Care Register. • Introduce the Supportive and Palliative Action Register (SPAR). • Provide home-based palliative care. • Enhance training for care home and home care staff in palliative care. • Increase the level of carer support plans and support provided. • Increase the number of respite weeks provided. • Increase the level of self-directed support for respite. • Improve access to Out of Hours and short break respite. • Undertake waiting times initiative in relation to occupational therapy (OT) assessment, aids and adaptations. • Commission new models of care at home. • Develop social enterprise models aimed at providing services to 	<p>(NOCC-Q3).</p> <p>Percentage of people 65+ with intensive needs receiving care at home (NOCC-BC2a).</p> <p>Percentage of people aged 65 and over who receive 20 or more interventions per week (LITOP013).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Critical need (NOCC-EC1).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Substantial need (NOCC-EC2).</p> <p>Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Moderate need (NOCC-EC3).</p> <p>Percentage of people 65+</p>
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	<p>older people by older people, in partnership with Housing Associations and voluntary organisations.</p> <p>Agree and implement Rehabilitation and Enablement Commissioning Strategy.</p> <p>Agree local model of joint care management.</p> <p>Develop fully integrated Health and Social Care Teams for Older People, Young Adults with Complex Needs and Supported Discharge.</p> <p>Embed hospital discharge teams in community based teams in line with revised model of services.</p> <p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.</p>	<p>admitted twice or more, as an emergency, who have not had an assessment (NOCC-R3).</p> <p>Emergency inpatient bed days rate for people aged 75 and over (NHS HEAT).</p> <p>Number of patients in short-stay settings waiting more than 6 weeks for discharge to appropriate care setting (NOCC-A1a).</p> <p>Percentage of carers who feel supported and capable to continue in their role as a carer (NOCC-C1).</p> <p>Total number of respite weeks provided to all client groups (ScotGovSW/006).</p>
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Employability, Financial Inclusion & Responding to the Recession

There is a considerable body of evidence on the impact of poverty and unemployment on health outcomes, and the current economic downturn is likely to worsen the situation. The CHCP's contribution to addressing this locally is primarily manifested through its active participation as a core member of the West Dunbartonshire Community Planning Partnership.

A notable achievement during 2010/11 in relation to this area of concern has been the commencement of the local Healthier, Wealthier Children project.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>We have improved the health of our staff and actioned the requirements of Health Works (NHSGGC - EFRF).</p> <p>Our patients have been given the opportunity to maximise their employability aspirations (NHSGGC - EFRF).</p> <p>We have maximised the organisation's contribution to economic regeneration to reduce poverty and income inequality (NHSGGC - EFRF).</p> <p>We have reduced the impact of poverty on early years and on those in greatest need (NHSGGC – EFRF).</p>	<p>Develop and then implement plan for achieving Healthy Working Lives (HWL) Gold Award for the CHCP as a whole.</p> <p>Meet respective NHSGGC and WDC absence and Personal Development Plan (PDP) targets for staff.</p> <p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Provide a focus for volunteer input (e.g. Eating with Clients; Macmillan care; Care & Repair). • Develop social enterprise models aimed at providing services to older people by older people, in partnership with Housing Associations and voluntary organisations <p>Ensure delivery of Welfare Rights Services as part of <i>Keep Well</i> anticipatory care activity.</p> <p>Establish a working group to explore implications of changes to Independent Living Fund (ILF), developing proposals for specific action</p>	<p>Average number of working days lost per WD CHCP Council employees through sickness absence (SCM1civ CM1aiii).</p> <p>Sickness/absence rate amongst WD CHCP NHS employees (NHSGGC).</p> <p>Percentage of WD CHCP Council staff who have an annual PDP in place (CS/HROD/SPI1/001).</p> <p>Percentage of WD CHCP NHS staff who have an annual e-KSF review/PDP in place (NHSGGC).</p>

<p>We have alleviated the financial consequences of illness for patients and the impact of financial concerns on recovery (NHSGGC - EFRF).</p> <p>Improve the health and safety of Council employees (WDC: CP11-15).</p> <p>Increase employment and training opportunities for people with a learning disability, mental health problems, criminal record or addiction issues (WDC: CP11-15).</p> <p>Reduce child poverty (WDC: CP11-15).</p> <p>Reduce poverty (WDC: CP11-15).</p> <p>Reduce fuel poverty (WDC: CP11-15)</p> <p>Reduce financial exclusion (WDC: CP11-15).</p>	<p>to mitigate negative impact on vulnerable groups (in anticipation of accessing dedicated WDC funds).</p> <p>Develop local Work Connect project to fit more closely with the Skills Pipeline model.</p> <p>Conclude local Healthier, Wealthier Children: Children and Families Financial Inclusion Project.</p> <p>Act on formal feedback from NHSGGC Investors in Volunteering Assessment.</p> <p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.</p>	
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Health Improvement

The main function of health improvement is to find ways of preventing ill-health, protecting good health and promoting better health. The CHCP is both committed to developing health improvement as a core element that influences all aspects of its operations; and providing leadership on health improvement through its active participation as a core member of the West Dunbartonshire Community Planning Partnership.

A notable achievement during 2010/11 in relation to this area of concern has been the completion of the local Community Planning-sponsored *Health and Wellbeing Survey of West Dunbartonshire's 15% SIMD Areas* (the initial findings of which have informed this Strategic Plan).

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>We reduce the prevalence of smoking (NHSGGC - HIF).</p> <p>We reduce the initiation and uptake of smoking in young people (NHSGGC - HIF).</p> <p>We have local tobacco control plans linked to national policy and local priorities and plans are in place for each entity (NHSGGC - HIF).</p> <p>We ensure that the prevention and treatment of overweight and obesity is given prominent recognition as a priority for NHS GCC entities and Local authority partner organizations (NHSGGC -</p>	<p>Review and revise community smoking cessation arrangements to reflect the new HEAT target, incorporating learning from the Equally Well test-site (including work targeted specifically at pregnant smokers).</p> <p>Develop and deliver training on smoking awareness and second hand smoke.</p> <p>Implement Health Behavioural approach targeted at “hard to reach groups” using motivational emphasis.</p> <p>Roll out Smoke Free Schools Award.</p> <p>Ensure delivery of Eat Up programme, with targeting in deprived areas.</p> <p>Ensure delivery of Live Active programme, with targeting in deprived areas.</p> <p>Ensure delivery of Active Children Eating Smarter (ACES) programme.</p>	<p>Total number of successful quits (at one month post quit) delivered by community-based universal smoking cessation service (NHS HEAT).</p> <p>Total number of successful quits (at one month post quit) delivered by community-based universal smoking within specified SIMD areas of high socio-economic deprivation (NHS HEAT).</p> <p>Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (in line with SIGN 74 guidelines) during 2011/12</p>

<p>HIF).</p> <p>We provide an evidence-based treatment pathway for adults in all areas of the Board’s responsibility (NHSGGC - HIF).</p> <p>We provide an evidence-based treatment pathway for children in all areas of the Board’s Responsibility (NHSGGC - HIF).</p> <p>We provide services and supports for positive mental health targeting life stages and settings: children and young people, older adults, communities and workplace (NHSGGC - HIF).</p> <p>We reduce the incidence of suicide and self-harm (NHSGGC - HIF).</p> <p>We have a comprehensive drugs and alcohol prevention and education strategy (NHSGGC - HIF).</p> <p>We ensure that all appropriate NHS GCC and partner staff can</p>	<p>Develop training for trainers pack to support development of sustainable nursery physical activity programme.</p> <p>Conclude local Mental Health Improvement Action Plan.</p> <p>Implement local <i>Choose Life</i> action plan.</p> <p>Evaluate local <i>Seasons for Growth</i> programme.</p> <p>Refresh local Dementia Interest Group, ensuring agenda includes specific health improvement actions; and representation from key carers’ groups.</p> <p>Support Dumbarton and District Multiple Sclerosis (MS) Branch to introduce a ‘localised drop-in centre’ (contingent on similar support being extended from within Argyll & Bute).</p> <p>Lead implementation of the ADP (CPP) Alcohol and Drugs Strategy.</p> <p>Deliver Alcohol Brief Intervention (ABI) training programme in HEAT specified settings.</p> <p>Deliver Alcohol Brief Intervention (ABI) training programme in non-HEAT specified settings.</p> <p>Conclude Health Impact Assessment of local licensing policy.</p> <p>Support pilot work within general practices to reduce colposcopy referral Did Not Attends (DNAs), particularly within the high SIMD</p>	<p>(NHS HEAT).</p> <p>Suicide rate (NHS HEAT).</p> <p>Completion rates for child healthy weight intervention programme over the three years ending March 2014 (NHS HEAT).</p> <p>Number of inequalities targeted cardiovascular Health Checks during 2011/12 (NHS HEAT).</p> <p>Percentage of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year (NHS HEAT).</p> <p>Average number of working days lost per WD CHCP Council employees through sickness absence (SCM1civ CM1aiii).</p> <p>Sickness/absence rate amongst WD CHCP NHS employees (NHSGGC).</p>
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<p>deliver an alcohol brief intervention and refer to services where required (NHSGGC - HIF).</p> <p>We ensure that the NHS mitigates the impact of child poverty (NHSGGC - HIF).</p> <p>We have a comprehensive programme of services for the improvement of infant nutrition (NHSGGC - HIF).</p> <p>We reduce the prevalence of childhood emotional and behavioural problems and improve confidence and well being through evidence-based population parenting programmes (NHSGGC - HIF).</p> <p>We have improved the sexual health of children and young people and at risk groups (NHSGGC - HIF).</p> <p>We achieve an improvement the oral health of young children in NHSGGC (NHSGGC - HIF).</p>	<p>areas.</p> <p>Conclude local Healthier, Wealthier Children: Children and Families Financial Inclusion Project.</p> <p>Implement recommendations of NHSGGC breastfeeding review.</p> <p>Achieve Stage 3 UNICEF Baby Friendly Communities Accreditation.</p> <p>Support the delivery of <i>Childsmile</i> Core Programme, including monitoring and supervision of <i>Smile Too</i> nursery toothbrushing programme.</p> <p>Agree and implement local sexual health policy and guidance for staff working with Looked After and Accommodated Children (LAAC).</p> <p>Agree and support implementation of local Relationships, Sexual Health and Parenthood (RSHP) policy.</p> <p>Support implementation of local action plan for Parental Support.</p> <p>Agree and support implementation of CPP Parenting Strategy, prioritising Triple P training for identified staff.</p> <p>Review WDC Corporate Parenting Strategy.</p> <p>Develop and then implement plan for achieving Healthy Working Lives (HWL) Gold Award for the CHCP as a whole.</p> <p>Support local GP practices participating in and delivering primary</p>	
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<p>We achieve an increase the uptake of screening for bowel, breast and cervical cancer (NHSGGC - HIF).</p> <p>We reduce cardiovascular disease (NHSGGC - HIF).</p> <p>Improve diet and nutrition (WDC: CP11-15).</p> <p>Improve the health and safety of Council employees (WDC: CP11-15).</p> <p>Increase levels of physical activity (WDC: CP11-15).</p> <p>Promote positive mental health (WDC: CP11-15).</p> <p>Reduce levels of alcohol consumption (WDC: CP11-15).</p> <p>Reduce levels of smoking (WDC: CP11-15).</p> <p>Reduce use of illegal drugs (WDC: CP11-15).</p>	<p>prevention health checks as part of Keep Well 2011/12 anticipatory care programme.</p> <p>Ensure delivery of Welfare Rights Services as part of Keep Well 2011/12 anticipatory care activity.</p>	
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<p>Reduce child poverty (CP11-15).</p> <p>Reduce poverty (WDC: CP11-15).</p> <p>Reduce fuel poverty (WDC: CP11-15).</p> <p>Reduce financial exclusion (WDC: CP11-15).</p>		
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Quality

The CHCP is committed to the planning and delivery of high quality, person-centred, safe and effective care. It has been – and continues to be – a key driver of activities across all services, particularly in an increasingly challenging financial climate.

A notable achievement during 2010/11 in relation to this area of concern has been the initiation of the implementation of the Public Service Improvement Framework (PSIF) Improvement Plan.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>We involve and engage the public fully in decision making and service change (NHSGG - QF).</p> <p>All public involvement activity has increased engagement with groups and individuals who experience discrimination associated with disability, race, gender, sexual orientation, age, social class/ socio-economic status and religion and belief (NHSGGC - QF).</p> <p>We understand and take account of patient experience in the planning and delivery of Services (NHSGGC - QF).</p> <p>We understand the impact of inequality and discrimination on</p>	<p>Agree and implement recommendations of CHCP Community Engagement Review, i.e.:</p> <ul style="list-style-type: none"> • The PPF is further developed to support community engagement across health and social care, including <ul style="list-style-type: none"> ▪ The work of the previous Social Work & Health Department Planning and Implementation Partnership (PIP) is folded into that of the PPF. ▪ The chairs/lead officers for CHCP Service Planning Groups attend at least one PPF meeting each year to discuss plans and progress; and ensure that any community group representatives routinely participating in the work of “their” service planning group are encouraged to become a member of the PPF. ▪ A formal proposal is made to the WDC Community Participation Committee (CPC) requesting formal representation of the PPF on the membership of the CPC. • The Terms of Reference for all CHCP Service Planning Groups 	<p>Average number of working days lost per WD CHCP Council employees through sickness absence (SCM1civ CM1aiii).</p> <p>Sickness/absence rate amongst WD CHCP NHS employees (NHSGGC).</p> <p>Percentage of WD CHCP Council staff who have an annual PDP in place (CS/HROD/SPI1/001).</p> <p>Percentage of WD CHCP NHS staff who have an annual e-KSF review/PDP in place (NHSGGC).</p> <p>Number of inequalities targeted cardiovascular Health Checks</p>

<p>patient experience and access (NHSGGC - QF).</p> <p>Care and services are provided in partnership with people, treating individuals with dignity, empathy and respect, based on their strengths, needs, experiences and preferences (NHSGGC - QF).</p> <p>We are responsive to age, gender, sexual orientation, disability, race, faith/spirituality, socio-economic status or geographic location (NHSGGC - QF).</p> <p>Children and vulnerable adults are protected from abuse, harm and neglect (NHSGGC - QF).</p> <p>The care we provide is safe and effective (NHSGGC - QF).</p> <p>We minimise errors and harm to patients (NHSGGC - QF).</p> <p>Care is evidence based (NHSGGC - QF).</p> <p>Improve child protection (WDC:</p>	<p>explicitly affirm that they will comply with the national Community Engagement Standards and NHS Participation Standard.</p> <ul style="list-style-type: none"> • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that will actively seek to engage with pertinent equality groups (as per the NHSGGC Equality; and the WDC Equality Scheme). • All CHCP Service Planning Groups utilise a combination of consultation techniques and feedback methods as set out within the recently produced West Dunbartonshire CPP Consultation Toolkit. • All CHCP Service Planning Groups include a minimum of one staff/officer member who either is or has participated in the West Dunbartonshire CPP-sponsored programme of accredited training on community engagement. • The CHCP undertake an annual audit of community engagement activity within and across Service Planning Groups, with a particular focus on actions to include a diverse spectrum of community (and equality) groups. <p>Act on formal feedback from NHSGGC Investors in Volunteering Assessment.</p> <p>Ensure compliance with CEL 6: <i>Strengthening Carer Involvement in Community Health Partnerships</i> (within the context of the concluded CHCP Community Engagement Review).</p> <p>Develop plan for supporting carers' information in preparation for the end of dedicated national Carers' Information Strategy (CIS) funding.</p>	<p>during 2011/12 (NHS HEAT).</p> <p>Percentage of children on the Child Protection Register who have a completed and up-to-date risk assessment (SW/CP/001).</p> <p>Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care (SW/CS/001).</p> <p>Percentage of children and young people who are supported at home under statutory supervision (LITCS001).</p> <p>Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds (SW/SCRA/003).</p> <p>Percentage of Adult Support and Protection clients who have current risk assessments and care plan (LITASP001).</p> <p>Percentage of Criminal Justice</p>
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<p>CP11-15).</p> <p>Improve the health and safety of Council employees (WDC: CP11-15).</p>	<p>Refresh local Dementia Interest Group, ensuring agenda includes specific health improvement actions; and representation from key carers' groups.</p> <p>Develop and agree Self Directed Care Strategy.</p> <p>Conclude the development of a range of appropriate outcomes measures for identified care group of services users/patients and carers.</p> <p>Ensure that 90% of new GP outpatient referrals into Consultant-led secondary care services managed electronically.</p> <p>Work with local PMS GP practice to incorporate patient engagement into their practice merger plan.</p> <p>Work with NHS Education for Scotland (NES) to develop local learning GP practice project.</p> <p>Deliver integrated care packages for people with Chronic Obstructive Pulmonary Disease (COPD) and diabetes with community pharmacy and general practice.</p> <p>In collaboration with Diabetes Managed Clinical Network (MCN), develop DNA policy.</p> <p>Deliver integrated care packages for people with asthma and Coronary Heart Disease (CHD) community pharmacy and general practice.</p> <p>Support local GP practices participating in and delivering primary</p>	<p>Social Work Reports submitted to court by noon on the day prior to calling (LITCJ004).</p> <p>Percentage of Community Payback Orders attending an induction session within 5 working days of sentence (LITCJ005).</p> <p>Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence (LITCJ006).</p>
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	<p>prevention health checks as part of Keep Well 2011/12 programme.</p> <p>Establish programme to assure safe anticoagulant prescribing from community pharmacies.</p> <p>Work with local Primary Medical Services (PMS) GP practice to undertake a Scottish Patient Safety Programme (SPSP) care bundle on warfarin.</p> <p>Undertake project with community pharmacists to assist visually impaired patients with safe taking of medication.</p> <p>Deliver local collaborative learning programme focused on falls management.</p> <p>Local implementation of direct referral from community optometrists to Hospital Eye Care Service (via SCI-Gateway), including PGD for community optometrists.</p> <p>Develop service directory within new CHCP website.</p> <p>Develop and maintain an integrated CHCP Risk Register.</p> <p>Deliver a staff training programme on the appropriate use of risk management tools.</p> <p>Evidence continuous improvements to health and community records as per national requirements.</p> <p>Develop and a CHCP protocol for the management of complaints.</p>	
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	<p>Conclude Competitiveness Reviews for five identified service areas.</p> <p>Conclude actions within PSIF Improvement Plan.</p> <p>Finalise the development of Commissioning Strategies across CHCP services.</p> <p>Provide access to Care First within identified community-based health care settings.</p> <p>Conclude routine application of Single Shared Assessment (SSA) across community health and care services.</p> <p>Conclude routine application of Single Shared Assessment (SSA) across learning disabilities services.</p> <p>Conclude routine application of Single Shared Assessment (SSA) across community mental health services.</p> <p>Conclude application of Single Shared Assessment (SSA) across addictions services.</p> <p>Undertake a SSA audit on homelessness.</p> <p>Interrogate SSA data to identify any specific equalities issues for action.</p> <p>Evidence use of the findings of EQIAs concluded within 2010/11.</p> <p>Undertake eight EQIAs.</p>	
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	<p>Ensure application of Integrated Assessment Framework (IAF) principles across children's services.</p> <p>Implement Adult Support and Protection (ASP) flowchart, including recommendations for the role of GPs (via locality groups).</p> <p>Conclude self-evaluation of child protection processes in anticipation of Social Care and Social Work Improvement Scotland (SCSWIS) inspection.</p> <p>Implement new National Guidance for Child Protection and revised West of Scotland procedures.</p> <p>Contribute to service redesign across Community Justice Authority.</p> <p>Ensure routine application of Community Pay Back Orders.</p> <p>Develop local gender-based violence strategy.</p> <p>Review delivery of Children's Services within Women's Aid.</p> <p>Evaluate impact of revised service for survivors of sexual abuse (CARA and Rape Crisis) and Reduce Abuse project.</p> <p>Implement Good Practice Guide for Working with Young Women Vulnerable to Sexual Exploitation.</p> <p>Develop local strategy for people within the autistic spectrum disorder across mental health services.</p>	
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	<p>Introduce routine sensitive enquiry into mental health services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Introduce routine sensitive enquiry into addictions services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Introduce routine sensitive enquiry into health visiting services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Develop local gender-based violence strategy.</p> <p>Assess training requirements for staff working with children and young people affected by Parental Substance Misuse, in line with Getting Our Priorities Right (GOPR) and outcome of Significant Case Review.</p> <p>Develop integrated CHCP induction pack</p> <p>Develop joint CHCP Workforce Plan.</p> <p>Evidence routine application of appropriate recruitment and vetting procedures.</p> <p>Meet respective NHSGGC and WDC absence and Personal Development Plan (PDP) targets for staff.</p> <p>Develop and then implement plan for achieving Healthy Working Lives (HWL) Gold Award for the CHCP as a whole.</p>	
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	<p>Lead local work to ensure CHCP meets its statutory requirements for NHS Staff Governance Standard.</p> <p>Act on the local feedback from the 2010 NHS Staff Survey Results within the context of NHSGGC-wide activities.</p> <p>Implement the Regulation of Healthcare Support Workers (HCSW) mandatory induction standards and code of conduct (as per CEL 23).</p> <p>Maintain plans to provide appropriate development opportunities to employees to become Scottish Social Services Council (SSSC) registered.</p> <p>Conclude the review of Administrative Support.</p> <p>Improve effective ICT systems.</p> <p>Investigate and take appropriate steps to comply with Agency Worker regulations.</p> <p>Develop an asset management strategy.</p> <p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.</p>	
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Sustainability

The CHCP is committed to sustainable development, within the context of the stated commitments of both its parent organisations. The CHCP's contribution to addressing this locally is primarily manifested through its active participation as a core member of the West Dunbartonshire Community Planning Partnership.

A notable achievement during 2010/11 in relation to this area of concern has been all parts of the CHCP being recognised with the Healthy Working Lives (HWL) Silver Award.

Corporate Objective/Outcome	Actions 2011-2012	Change/Progress/Performance Indicator
<p>We understand the current environmental, social and economic impact of our plans and actions (NHSGGC – SF).</p> <p>We work in partnership to make sure this impact is positive (NHSGGC – SF).</p> <p>Our procurement activities minimise environmental impact and maximise health, social and economic benefits (NHSGGC – SF).</p> <p>Our plans for new buildings minimise negative environmental impact and are driven by sustainable, energy</p>	<p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.</p> <p>Develop an asset management strategy.</p> <p>Act on formal feedback from NHSGGC Investors in Volunteering Assessment.</p> <p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Provide a focus for volunteer input (e.g. Eating with Clients; Macmillan care; Care & Repair). • Develop social enterprise models aimed at providing services to older people by older people, in partnership 	<p>Average number of working days lost per WD CHCP Council employees through sickness absence (SCM1civ CM1aiii).</p> <p>Sickness/absence rate amongst WD CHCP NHS employees (NHSGGC).</p> <p>Percentage of WD CHCP Council staff who have an annual PDP in place (CS/HROD/SPI1/001).</p> <p>Percentage of WD CHCP NHS staff who have an annual e-KSF review/PDP in place (NHSGGC).</p>

<p>efficient design (NHSGGC – SF).</p> <p>Our workforce is highly aware of sustainability and is supported to act in a sustainable way (NHSGGC - SF).</p> <p>We set a leading example of workplace practices including diversity, inclusion and workplace health (NHSGGC – SF).</p> <p>Our community engagement activity leads to reduced health inequalities and improved social, economic and environmental impact (NHSGGC – SF).</p> <p>Improve the health and safety of Council employees (WDC: CP11-15).</p>	<p>with Housing Associations and voluntary organisations.</p> <p>Agree and implement recommendations of CHCP Community Engagement Review, i.e.:</p> <ul style="list-style-type: none"> • The PPF is further developed to support community engagement across health and social care, including <ul style="list-style-type: none"> ▪ The work of the previous Social Work & Health Department Planning and Implementation Partnership (PIP) is folded into that of the PPF. ▪ The chairs/lead officers for CHCP Service Planning Groups attend at least one PPF meeting each year to discuss plans and progress; and ensure that any community group representatives routinely participating in the work of “their” service planning group are encouraged to become a member of the PPF. ▪ A formal proposal is made to the WDC Community Participation Committee (CPC) requesting formal representation of the PPF on the membership of the CPC. • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that they will comply with the national Community Engagement Standards and NHS Participation Standard. • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that will actively seek to 	
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	<p>engage with pertinent equality groups (as per the NHSGGC Equality; and the WDC Equality Scheme).</p> <ul style="list-style-type: none"> • All CHCP Service Planning Groups utilise a combination of consultation techniques and feedback methods as set out within the recently produced West Dunbartonshire CPP Consultation Toolkit. • All CHCP Service Planning Groups include a minimum of one staff/officer member who either is or has participated in the West Dunbartonshire CPP-sponsored programme of accredited training on community engagement. • The CHCP undertake an annual audit of community engagement activity within and across Service Planning Groups, with a particular focus on actions to include a diverse spectrum of community (and equality) groups. <p>Meet respective NHSGGC and WDC absence and Personal Development Plan (PDP) targets for staff.</p> <p>Develop and then implement plan for achieving Healthy Working Lives (HWL) Gold Award for the CHCP as a whole.</p>	
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Tackling Inequality

The CHCP is committed to remove discrimination caused by social class, gender, disability, race, sexual orientation, age and faith; tackle health inequality; and respond effectively to the needs of marginalised groups.

A notable achievement during 2010/11 in relation to this area of concern has been the launch of the Children Experiencing Domestic Abuse Recovery (CEDAR) group work programme.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>All planning processes explicitly use disaggregated data (NHSGGC – TIF).</p> <p>Each part of NHSGGC demonstrates that equality groups are part of all public and patient involvement activity (NHS – TIF).</p> <p>Each part of NHSGGC can demonstrate how health improvement framework priorities are tailored to meet needs of equality groups (NHSGGC – TIF).</p> <p>Each Partnership has risk management systems that prevent unlawful discrimination (NHSGGC – TIF).</p>	<p>Agree and implement recommendations of CHCP Community Engagement Review, i.e.:</p> <ul style="list-style-type: none"> • The PPF is further developed to support community engagement across health and social care, including <ul style="list-style-type: none"> ▪ The work of the previous Social Work & Health Department Planning and Implementation Partnership (PIP) is folded into that of the PPF. ▪ The chairs/lead officers for CHCP Service Planning Groups attend at least one PPF meeting each year to discuss plans and progress; and ensure that any community group representatives routinely participating in the work of “their” service planning group are encouraged to become a member of the PPF. ▪ A formal proposal is made to the WDC Community Participation Committee (CPC) requesting formal representation of the PPF on the membership of the CPC. 	<p>Number of inequalities targeted cardiovascular Health Checks during 2011/12 (NHS HEAT).</p> <p>Total number of successful quits (at one month post quit) delivered by community-based universal smoking within specified SIMD areas of high socio-economic deprivation (NHS HEAT).</p> <p>Percentage of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year (NHS HEAT).</p>

<p>Evidence from DNAs by equality groups is used to improve access to targeted Services (NHSGGC – TIF).</p> <p>There is evidence of innovative solutions to address the challenges of disabled people in using services (NHSGGC – TIF).</p> <p>Each part of NHSGGC demonstrates compliance with interpreting protocols and how demand will be met on an annual basis (NHSGGC – TIF).</p> <p>There is evidence of an increase in information in accessible formats (NHSGGC – TIF).</p> <p>Service plans resulting from new planning and policy arrangements clearly demonstrate how they will promote equality and remove discrimination using EQIA where appropriate (NHSGGC – TIF).</p> <p>Each part of NHSGGC can</p>	<ul style="list-style-type: none"> • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that they will comply with the national Community Engagement Standards and NHS Participation Standard. • The Terms of Reference for all CHCP Service Planning Groups explicitly affirm that will actively seek to engage with pertinent equality groups (as per the NHSGGC Equality; and the WDC Equality Scheme). • All CHCP Service Planning Groups utilise a combination of consultation techniques and feedback methods as set out within the recently produced West Dunbartonshire CPP Consultation Toolkit. • All CHCP Service Planning Groups include a minimum of one staff/officer member who either is or has participated in the West Dunbartonshire CPP-sponsored programme of accredited training on community engagement. • The CHCP undertake an annual audit of community engagement activity within and across Service Planning Groups, with a particular focus on actions to include a diverse spectrum of community (and equality) groups. <p>Ensure compliance with CEL 6: <i>Strengthening Carer Involvement in Community Health Partnerships</i> (within the context of the concluded CHCP Community Engagement Review).</p> <p>Undertake eight EQIAs.</p> <p>Evidence use of the findings of EQIAs concluded within 2010/11.</p>	
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<p>demonstrate an increase in the number of services using inequalities sensitive inquiry in GBV (NHSGGC – TIF).</p> <p>All cost saving financial planning decision are subject to EQIA (NHSGGC – TIF).</p> <p>Evidence is provided of how system is meeting the Learning and Education Plan and targets (NHSGGC – TIF).</p> <p>Each part of the system can demonstrate implementation of a plan to promote positive attitudes to equality groups (NHSGGC – TIF).</p> <p>Action to support engagement with the social economy sector has increased local employment and training opportunities for equality groups (NHSGGC – TIF).</p> <p>Partnership activity with income inequality, e.g., referral pathways on financial inclusion and</p>	<p>Develop and maintain an integrated CHCP Risk Register.</p> <p>Develop service directory within new CHCP website.</p> <p>Review and revise community smoking cessation arrangements to reflect the new HEAT target, incorporating learning from the Equally Well test-site (including work targeted specifically at pregnant smokers).</p> <p>Implement Health Behavioural approach targeted at “hard to reach groups” using motivational emphasis.</p> <p>Ensure delivery of Eat Up programme, with targeting in deprived areas.</p> <p>Ensure delivery of Live Active programme, with targeting in deprived areas.</p> <p>Support Dumbarton and District Multiple Sclerosis (MS) Branch to introduce a ‘localised drop-in centre’ (contingent on similar support being extended from within Argyll & Bute).</p> <p>Support local GP practices participating in and delivering primary prevention health checks as part of Keep Well 2011/12 programme.</p> <p>Support pilot work within general practices to reduce colposcopy referral Did Not Attend (DNAs), particularly within the high SIMD areas.</p> <p>In collaboration with Diabetes Managed Clinical Network (MCN), develop DNA policy.</p>	
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<p>employability increased (NHSGGC – TIF).</p> <p>Increase employment and training opportunities for people with a learning disability, mental health problems, criminal record or addiction issues (WDC: CP11-15).</p> <p>Reduce child poverty (CP11-15).</p> <p>Reduce poverty (WDC: CP11-15).</p> <p>Reduce fuel poverty (WDC: CP11-15).</p> <p>Reduce financial exclusion (WDC: CP11-15).</p> <p>End homelessness (WDC: CP11-15).</p> <p>Provide opportunities to enable young people at risk to have positive chances and make positive choices in their life (WDC: CP11-15).</p>	<p>Conclude Health Impact Assessment of local licensing policy.</p> <p>Undertake project with community pharmacists to assist visually impaired patients with safe taking of medication.</p> <p>Develop service directory within new CHCP website.</p> <p>Agree Learning Disabilities Commissioning Strategy.</p> <p>Develop local strategy for people within the autistic spectrum disorder across mental health services.</p> <p>Introduce routine sensitive enquiry into mental health services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Introduce routine sensitive enquiry into addictions services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Introduce routine sensitive enquiry into health visiting services (as per <i>CEL 41: Gender-based violence action plan</i>).</p> <p>Develop local gender-based violence strategy.</p> <p>Review delivery of Children’s Services within Women’s Aid.</p> <p>Evaluate impact of revised service for survivors of sexual abuse (CARA and Rape Crisis) and Reduce Abuse project.</p> <p>Implement Good Practice Guide for Working with Young Women</p>	
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	<p>Vulnerable to Sexual Exploitation.</p> <p>Agree and implement local sexual health policy and guidance for staff working with Looked After and Accommodated Children (LAAC).</p> <p>Assess training requirements for staff working with children and young people affected by Parental Substance Misuse, in line with Getting Our Priorities Right (GOPR) and outcome of Significant Case Review.</p> <p>Conclude the development of a range of appropriate outcomes measures for identified care group of services users/patients and carers.</p> <p>Interrogate SSA data to identify any specific equalities issues for action.</p> <p>Undertake a SSA audit on homelessness.</p> <p>Undertake an EQIA of the efficiency savings proposed for the CHCP's NHS budget in 2011/12.</p> <p>Establish a working group to explore implications of changes to Independent Living Fund (ILF), developing proposals for specific action to mitigate negative impact on vulnerable groups (in anticipation of accessing dedicated WDC funds).</p> <p>Develop local Work Connect project to fit more closely with the Skills Pipeline model.</p> <p>Ensure delivery of Welfare Rights Services as part of <i>Keep Well</i> anticipatory care activity.</p>	
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	<p>Conclude local Healthier, Wealthier Children: Children and Families Financial Inclusion Project.</p> <p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Provide a focus for volunteer input (e.g. Eating with Clients; Macmillan care; Care & Repair). • Develop social enterprise models aimed at providing services to older people by older people, in partnership with Housing Associations and voluntary organisations. 	
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Unpaid Care

The CHCP recognises the fundamental importance of unpaid care to our whole range of services and objectives, and the impact which caring can have on carers' own health, wellbeing and economic status.

A notable achievement during 2010/11 in relation to this area of concern has been the initiation of a young carers' service pilot within a local secondary school.

Corporate Objective/Outcome	Actions 2011-2012	Key Performance Indicators
<p>We understand who our carers are (NHSGGC – UCF).</p> <p>We recognise and enhance the role of carers in supporting self care and reducing demand for Services (NHSGGC – UCF).</p> <p>We can identify carers and assess their needs (NHSGGC – UCF).</p> <p>We have a comprehensive programme of training and information support available for carers (NHSGGC – UCF).</p> <p>Carers are fully supported in their caring role (NHSGGC – UCF).</p> <p>We understand and respond to the impact of caring on health,</p>	<p>Ensure compliance with CEL 6: <i>Strengthening Carer Involvement in Community Health Partnerships</i> (within the context of the concluded CHCP Community Engagement Review).</p> <p>Develop plan for supporting carers' information in preparation for the end of dedicated national Carers' Information Strategy (CIS) funding.</p> <p>Implement local Change Fund Plan, including:</p> <ul style="list-style-type: none"> • Deliver a case management service for dementia clients and their carers; and for those whose care is not currently managed by traditional mental health specialist services. • Increase the level of carer support plans and support provided. • Increase the number of respite weeks provided. • Increase the level of self-directed support for respite. • Improve access to Out of Hours and short break respite. <p>Conclude evaluation of young carers' service pilot within Vale of Leven Academy.</p>	<p>Percentage of carers who feel supported and capable to continue in their role as a carer (NOCC-C1).</p> <p>Total number of respite weeks provided to all client groups (ScotGovSW/006).</p>

<p>wellbeing and economic status (NHSGGC – UCF).</p> <p>Promote positive mental health (WDC: CP11-15).</p> <p>Increase proportion of older people (65+) needing care or support who are able to sustain an independent quality of life as part of the community (WDC: CP11-15).</p>	<p>Implement local model of Kinship Care.</p> <p>Refresh local Dementia Interest Group, ensuring agenda includes specific health improvement actions; and representation from key carers' groups.</p> <p>Support Dumbarton and District Multiple Sclerosis (MS) Branch to introduce a 'localised drop-in centre' (contingent on similar support being extended from within Argyll & Bute).</p>	
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6. EFFECTIVE ORGANISATION

Performance Management & Reporting

At its October 2010, meeting the CHCP Committee approved the action plan for the first six months of the new Partnership's development. This included the requirement that the "NHS and WDC look at respective performance management arrangements to identify joint performance measures and performance indicators". That requirement has guided the arrangements that are summarised below, underpinned by an understanding of the evidence-base in relation to the effective partnership delivery arrangements; and (critically) also reflections on the learning from other CH(C)Ps (most notably the findings of the Scottish Government's Study of CHPs [2010]).

Corporate CHCP performance management for 2011/12 will focus on:

- The priority actions described within this Strategic Plan.
- A defined set of Key Performance Indicators (KPIs).

The suite of KPIs have been utilised - and are identified - across the actions set out within this Strategic Plan. They represent a combination of obligatory national indicators (both local authority and NHS) and locally determined indicators, which are reflective of the span of the CHCP's responsibilities. Two key criteria for inclusion have been the availability of robust data at a West Dunbartonshire level; and the frequency of data publication (as both are critical to enable meaningful performance management, either in-year or on an annual basis). These KPIs capture the national NHS HEAT (Health improvement, Efficiency, Access, Treatment) targets for 2011/12 that are pertinent to the CHCP; and the WDC Corporate Performance Indicators that have been allocated to the CHCP. They also address the requirement agreed within to Council's recent Assurance and Improvement Plan (AIP) to sharpen local corporate health and wellbeing indicators; and include the revised set of indicators subsequently presented to and agreed by the Community Planning Partnership (CPP) Strategic Board at its February 2011 meeting. It is important to note the following:

- Many of the priority actions within this Strategic Plan will also contribute to a variety of WDC corporate priorities (e.g. improve community safety) and objectives (e.g. improve service performance and quality) not specified within its existing Corporate Plan theme of "health and wellbeing".
- Many of the priority actions within this Strategic Plan can and may be measured against additional NHSGGC performance indicators (e.g. percentage of SCI-Gateway referrals; and numbers of EQIAs completed) as identified within its Planning Guidance.

Corporate performance management will take place at two-levels:

- Internal performance management by the CHCP Senior Management Team (SMT) fulfilling the role of a performance scrutiny panel, with dedicated peer-review of progress on a quarterly basis (as part of regular SMT meetings).
- Performance management by both "parent" organisations via a new joint Organisational Performance Review process for the CHCP. These sessions will

be co-chaired by the Chief Executives of both NHSGGC and WDC; and take place six monthly.

The CHCP will be using the Covalent Performance Management System as its principal local mechanism for collating, monitoring and then addressing performance within a specifically designed Covalent Scorecard. Performance on both the Strategic Plan and the inter-related KPIs will also be routinely reported to, constructively supported by and scrutinised through the CHCP's Committee on a twice yearly basis. The formal feedback from each OPR will also be reported back to the CHCP Committee.

The above will be reinforced by the delivery of collective and specified actions being reflected within the individual objectives of the CHCP Director and Heads of Service. Furthermore, the work of each CHCP service area will be underpinned by individual operational service plans by which Heads of Service set out local targets, performance indicators, and activities; and can provide assurance regarding relevant contributions required for KPIs and the achievement of the actions within this CHCP Strategic Plan.

In addition, the CHCP is also committed to sharing key performance information with all stakeholders. Performance information will be reported to the CHCP Committee and publicly disseminated through the Council Newspaper, the local press, and on the new CHCP website (which is linked to both the WDC and NHSGGC sites). It should be noted that data on the Covalent system are generally accessible to elected members of the Council, and that there is also the capability for summary reports to be routinely generated on-line (via the new CHCP website) for the general public – both of these functions provide an additional and welcome mechanism for transparency and to support informed engagement.

Risk Management & Business Continuity

The CHCP recognises that the management of strategic risk at CHCP-level will impact on both WDC's and NHSGGC's respective abilities to achieve their strategic aims and objectives.

In view of this, the CHCP is committed to the role it has to play in supporting both parent organisations, and in managing the strategic risks identified at CHCP-level. Through this Strategic Plan, the department has identified the actions necessary to address relevant strategic risks; and, by undertaking these actions, the CHCP will assist WDC and NHSGGC in achieving their strategic aims and objectives.

To assist the CHCP to manage and monitoring such risks, it has committed to introducing an integrated CHCP Risk Register that both feeds the Corporate Risk Registers of its parent organisations; and is itself supported by operational service risk registers. The CHCP Risk Register will be developed and utilised as a "live" document, and subject to regular review (and revision as necessary) by the SMT. Action to mitigate risk will be reported through the Covalent Performance Management System to monitor circumstances which could impact on the attainment of strategic aims and objectives.

The CHCP currently has separate Business Continuity Plans (BCP) for NHSGGC and WDC services and premises, each designed in accordance with their respective organisation's template and layouts. Over the first six months of 2011/12, the CHCP will develop a unified approach to business continuity. A single integrated BCP will be designed to support individual services, their managers and the SMT response to unforeseen incidents where service continuity is compromised. This will provide assurance that in the event of an emergency or adverse incident, CHCP staff will respond in accordance to a single coherent plan.

Public Service Improvement Framework

The CHCP is committed to working within a recognised framework for continuous improvement, having worked closely with the former Social Work Inspection Agency (SWIA) on their revised methodology for self evaluation; and spearheading work within WDC to take forward the Public Service Improvement Framework (PSIF). Both frameworks have been cross-mapped, are compatible and provide a basis for self evaluation and continuous improvement. Self evaluation will be a key component of external scrutiny arrangements; and the CHCP is anticipating that it will be included in the new Social Care and Social Work Improvement Scotland (SCSWIS) inspection format during 2011.

Key strengths identified from the above:

- Strong multi-agency working.
- Good range of quality of services with examples of innovative working.
- Good leadership and capacity for improvement.
- Good financial management.
- High level of community involvement.
- Committed workforce.

Areas identified for further strengthening include:

- Defining and measuring outcomes for all care groups.
- Effective and consistent approach to resource management, through the development of commissioning strategies.
- Improved review processes.
- Consistent risk assessment processes.
- A systematic process for policy development and review.
- Review reporting and management of complaints.
- Updated governance arrangements for joint services under single management.

Our performance will continue to be scrutinised by external agencies, notably SCSWIS. It is therefore important that our continuous improvement activities are maintained and developed through:

- Concluding the actions within the PSIF Improvement Plan.
- Ensuring findings from audits, service evaluations and EQIAs are used to inform practice and processes.
- Ensuring that feedback received through complaints, consultations/engagement and external scrutiny processes are responded to.
- Ensuring that the outcomes from Competitiveness Reviews are acted upon.
- Ensuring the development of robust Commissioning Strategies.

Organisational Development

The CHCP has been founded on a very strong local track record within West Dunbartonshire for positive joint working between health and social care staff and services. Consolidating the sound foundations of the CHCP and strengthening its integrated arrangements will require a continued focus for good quality organisational development. The CHCP will draw upon expertise and support from the Organisational Development functions of both WDC and NHSGGC to deliver as much joint activity as possible; and also to ensure that the specific needs and legitimate distinctiveness of individual services, teams and staff groups (including primary care contractors) are recognised.

This will be aided by (wherever possible) the use and further development of:

- Clear and consistent communication (such as the CHCP's integrated Core Brief).
- Joint or singular protocols, systems and procedures (such as a Health and Safety Protocol).
- The development of joint or singular resources (e.g. the CHCP website).
- Joint training programmes and development sessions (see Workforce section below).
- Joint working groups or fora (e.g. a CHCP Communications and Public Information Group).
- A continual focus on the common values and public service ethos to be shared across staff group and services (even if they are rooted in different traditions and/or expressed in different forms).

7. WORKFORCE

The CHCP is responsible for a combined workforce of approximately 2300 staff:

- 688 NHSGGC-employed staff, equivalent to 549.09 Whole Time Equivalent.
- 1554 WDC-employed staff, equivalent to 1173.76 Whole Time Equivalent.

There are a variety of workforce actions that underpin the delivery of this Strategic Plan. Some of these are of joint interest, whilst others are specific to the parent organisations. The notable priorities for workforce development for 2011/12 are:

CHCP-wide

- Develop Joint Workforce Plan.
- Support workforce changes associated with delivery of the local *Change Fund* Plan.
- Implement Human Resource (HR) processes to support workforce changes associated with the implementation of the Rehabilitation and Enablement Commissioning Strategy.
- Monitor and develop plans to manage effects of ongoing service changes derived as a result of funding changes, tendering processes and commissioning strategies.
- Develop an integrated CHCP induction pack

NHS-Specific

- Meet respective absence and Personal Development Plan (PDP) targets (as per KPIs).
- Lead local work associated with CHCP meeting its statutory requirements for Staff Governance Standard (including updating the CHCP Staff Monitoring Framework)
- Act on the feedback from the 2010 Staff Survey Results within the context of NHSGGC-wide activities, most notably promoting the *Give Respect, Get Respect* campaign.
- Local implementation of outcomes of NHSGGC-wide AHP redesign.
- Local implementation of the Regulation of Healthcare Support Workers (HCSW) mandatory induction standards and code of conduct (as per CEL 23).

WDC-Specific

- Meet respective absence and PDP targets (as per KPIs).
- Maintain plans to provide appropriate development opportunities to employees to become Scottish Social Services Council (SSSC) registered (monitoring via Workforce Management System).
- Complete the review of Administrative Support.
- Improve effective ICT systems.
- Investigate and take appropriate steps to comply with Agency Worker regulations.

8. FINANCE

The CHCP's Scheme of Establishment is explicit that NHSGGC and WDC will remain legally responsible for services belonging to each of them and will set the budget for such services annually. Within the context of the CHCP, the NHSGGC and WDC have agreed to align rather than pool budgets; and the CHCP has delegated authority to distribute the combined budgets which have been allocated by each parent body. Importantly, the CHCP has to separately account to the both WDC and NHSGGC Chief Executives for financial probity and performance with regards their respective and distinct budgets.

WDC Budget & Resources

The table below sets out the net revenue budget (net of income such as charges and contributions from other agencies) from a gross budget of circa £74.8 million (to be finalised).

	2011/12 Estimate NET EXPENDITURE
Operations and Servicing	£8,319,466
Res. Accommodation for Young People	£5,246,368
Residential Schools	£2,316,723
Intermediate Treatment	£475,881
Other Services - Young People	£3,457,521
Residential Accommodation – Elderly	£11,912,746
Sheltered Housing	£1,395,351
Day Centres – Elderly	£1,114,984
Meals on Wheels	£129,295
Community Alarms	£263,267
Care and Repair	£119,937
Res. Accommodation - Learning Disability	£8,033,967
Res. Accommodation - Physical Disability	£1,151,173
Day Centres - Learning Disability	£1,554,480
Other Services – Disability	£987,198
Supported Placements	£36,440
Supplementation - Mental Health	£2,315,041
Specific Grant - Mental Health	£360,731
Home Help Service	£8,791,340
Other Specific Services	£829,733
Addiction Services	£750,303
Fairer Scotland Fund	£0
	£59,561,945

The CHCP uses a range of physical assets to assist in the delivery of the services provided. This includes:

- 6 care homes and 4 day care centres for older people
- 9 Sheltered Housing complexes provided with 24/7 cover
- 4 residential homes for children
- 2 day care centres for people with learning disability
- Offices located in Clydebank, Dumbarton and the Vale of Leven
- 16 buses and mini-buses (to get service users to and from our Centres).

All resources employed by the CHCP are valuable assets which require to be managed effectively to ensure that services are provided in a way that ensures Best Value. The CHCP is developing asset management strategies to ensure the most effective and efficient use of assets. Moreover (and linked to the earlier actions set out within this Strategic Plan) the CHCP has started using PSIF to review service provision; and where necessary Best Value Reviews, benchmarking and market testing will be used to ensure Best Value. The CHCP has commenced a process of developing Commissioning Strategies which aim to provide information about future service demands and options for future service delivery to provide elected members with options around future costs of service provision. The first of these was developed through a Best Value Review of Older People's services which set the vision for service delivery to 2025.

At the Special Council Meeting on Wednesday 9th February, WDC approved its budget for 2011/12 and a range of further savings options worth £1.91 million. Taking into account the management adjustments and the savings options previously agreed by Council in October through the mid-year spend review, the Council has successfully closed its budget gap for 2011/12 and will now progress a total of £12 million in savings within the next financial year. The Council faced a larger than anticipated reduction in the level of grant funding received from the Scottish Government due to a reduction in the Supporting People Funding grant. However following significant negotiations the effects of the budget cut were reduced slightly by an additional direct grant from the Scottish Government of approximately £1million.

As part of the budget process the Council also agreed a number of investment and regeneration areas within the local communities, most notably for the CHCP:

- An additional £200k to create a social work contingency fund to alleviate the impact of Government changes to the welfare state and the Independent Living Fund (ILF) within local communities.

NHSGGC Budget & Capital Planning

The Table below provides details of the CHCP's NHS budget to be carried forward into 2011/12, incorporating: the full-year effect of agreed service developments; the revenue impact of agreed capital investments: prescribing growth uplift; and agreed inflation on contractual commitments. Assumptions around the budgetary uplifts are 0.5% within Pay for incremental drift and 0.5% for Resource Transfer (RT). It does not include any assumptions regarding efficiency savings to be delivered recurrently within 2011/12 (as these are to be confirmed at the time of writing): the actual opening budget for 2011/12 will need to reflect that sum when it is finalised.

CHP/CH(C)P:	
	£m
Current Budget (gross expenditure)	73,680
Less:	
10/11 Non-recurring	(0.900)
Add:	
10/11 Full-year effect	0.100
Service Developments/New Funding	
• Change Fund	1.200
• Carers Info Strategy	0.085
2011/12 Base Budget	74.165
Inflation Uplifts (net of prescribing savings)	
Pay and RT	0.137

At the time of completing this Strategic Plan, the amount of recurrent efficiency savings that the CHCP has to deliver in 2011/12 has still to be confirmed, but cognisance needs to be taken of the national requirement for NHS Boards to deliver a 3% efficiency on recurrent spend. However, there is an agreement in principle that the CHCP's JSF will have the opportunity to discuss draft proposals (particularly those with local NHS workforce implications). Both the CHCP senior management and staff representatives recognise the importance of working together in partnership when dealing with change and will make every effort to ensure the continuation of good working relations. The finalisation of viable efficiency savings proposals by the CHCP Senior Management Team will also explicitly involve an Equality Impact Assessment (EQIA) of the options. The delivery of efficiency savings targets will then be monitored by the JSF and the CHCP Committee.

In addition to the management of its capital estate (including lease arrangements for the current Alexandria Medical Centre), the CHCP is hopeful of being able to generate capital through the marketing of a long unused facility (i.e. the former John Street Clinic).

The NHS capital planning priority for the CHCP remains the development and delivery of a new Alexandria Health and Care Centre at the front of the Vale of Leven Hospital site (as identified within the NHSGGC Capital Plan); with a key 2011/12 milestone being the completion and formal submission of the Full Business Case.

Site of the new Alexandria Health and Care Centre

